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ABSTRACT

The transcript is provided of an oversight hearing on interagency cooperation in special education. Programs, problems, and achievements in the state of Pennsylvania are reported by professionals representing community mental health, public education, community agencies and associations, and child care institutions. Problem areas cited include program funding costs and sources, the role of the federal government, duplication of services by agencies, inconsistencies in interagency agreements and definitions, and uneven compliance with state plans. Accomplishments include a child count, establishment of a statewide parent network, and identification of gaps in services and ways of sharing services to address unmet needs. Among a number of recommendations are the following: (1) review present interagency agreements to reduce inconsistencies; (2) encourage agencies to agree to accept existing documentation of handicaps; (3) retain the public school intermediate unit as coordinator of special education services and expand its role in inservice training; (4) provide state grant money to school districts wishing to increase building accessibility; (5) include all related agencies in Individualized Education Program conferences attended by parents. (JW)

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OVERSIGHT HEARING ON INTERAGENCY COOPERATION

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HEARING

BEFORE THE

SUBCOMMITTEE ON SELECT EDUCATION

OF THE

COMMITTEE ON EDUCATION AND LABOR HOUSE OF REPRESENTATIVES

NINETY-EIGHTH CONGRESS

SECOND SESSION

HEARING HELD IN ALIQUIPPA, PA, ON MARCH 28, 1984

Printed for the use of the Committee on Education and Labor

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OVERSIGHT HEARING ON INTERAGENCY COOPERATION

FRIDAY, MARCH 23, 1984

HOUSE OF REPRESENTATIVES,
COMMITTEE ON EDUCATION AND LABOR,
SUBCOMMITTEE ON SELECT EDUCATION,
Aliquippa, PA.

The subcommittee met, pursuant to call, at 10 a.m., at the Schoolhouse, 3007 School Road, Aliquippa, PA, Hon. Austin J. Murphy (chairman) presiding.

Members present: Representatives Murphy and Bartlett.

Staff present: Roseann Tulley, staff director, majority; Tom Conrad, professional staff, majority; David Esquith, professional staff, majority; Patricia Morrissey, Republican legislative associate.

Mr. MURPHY. May we ask our guests to come in and be seated, please?

Believe it or not, we're going to try to start on time. Steve Bartlett and I believe we have the only committee in Congress that starts on time and finishes on time.

Thank you very much. I want to welcome Congressman Steve Bartlett from Texas, who is sitting at my left.

I would also like to take this opportunity to thank the parents, professionals, and advocates who are with us today. It is your strong and active commitment to special education which has allowed us to improve services for our handicapped children.

Over the past several years, States and local school districts have made considerable progress in providing handicapped children with the educational opportunities and related services mandated under the Education of the Handicapped Act.

This progress convincingly demonstrates that school districts, parents, public agencies, and children, all share a common interest in maintaining and improving services for all of our children.

While we have made significant progress, there are still areas of concern in the education of handicapped children that we must continue to address.

The commission that our subcommittee established on the financing of a free and appropriate education for special needs children came out with their final report in March 1983, and highlighted some of the major problems in the related services area.

The commission acknowledged the difficulty of establishing standards to measure if a service is related to the education of a child and identified the problem of assigning financial responsibility to the agencies who will provide these services.

I realize that there are no simple solutions to these problems. However, I hope that by exchanging ideas at this hearing today, we will begin to tackle some of the tough questions, as well as develop new strategies, which will allow us to continue to meet the educational goals of our handicapped youngsters.

The degree to which we are able to meet the future needs of handicapped children will depend, in part, upon the ability of public agencies to work together and utilize their combined resources more effectively.

The success of interagency agreements depends on leadership, commitment, communication, creativity, and most importantly, a sensitivity that our handicapped children's educational growth depends upon this cooperation.

I'm confident that if we continue to work together, we can achieve this cooperation and insure that every child in this Nation receives an appropriate and full education.

This is the Subcommittee on Select Education of the full Committee on Education and Labor in the House of Representatives.

And I want to introduce, for his introductory remarks, the ranking minority member on our subcommittee, Mr. Steve Bartlett of Texas. Steve.

Mr. BARTLETT. Thank you, Austin.

It is a pleasure to be here in Pennsylvania with you. I come from Texas. Contrary to popular belief, we have had snow from time to time in Texas, although I can never remember it quite as late as March 23. It looks just exactly the same, however.

As we begin, I would like to express my personal appreciation and thanks to Austin Murphy, my friend and colleague, for the opportunity to join him here in the 22d District. I've worked with Austin for the last 14 months in Congress. It is a privilege to serve on the Select Education Subcommittee with him.

Today, we begin what I believe will be an extraordinary set of hearings. I've read over the testimony that many of you have submitted and I've given it a good deal of thought.

It seems to me that we have left Washington, where they tell you how it's supposed to work, to come here to the Hopewell Township, for each of you, the practitioners in the field, to tell us how things in special education really do work in the real world.

And so, like Austin, I'm here to listen, to learn, to ask some questions, because, I believe, in many ways, we'll find the answers to many of the dilemmas right here in this room, and not so much in Washington.

Now, to put the hearing in context, I went back and looked up copies of two Federal laws, one of which will be familiar to you, and the other one which may or may not be.

The first one is Public Law 94-142, and the second, perhaps less familiar, is Public Law 96-88. These laws, in many ways, would clarify our personal and professional roles in this field.

Public Law 94-142 speaks to the subject at hand today when it mandates that:

> The State Educational Agency shall be responsible for assuring that the requirements are carried out, and that all educational programs, including all such programs administered by another State or local agency, will be under the general supervision of the persons responsible for educational programs for the handicapped

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in the State Educational Agency, and shall meet educational standards of the State Educational Agency.

Perhaps the one less familiar comes from Public Law 96–88, and it reads, in part—the part that I think is particularly cogent, speaking to us today, is that:

> Parents have the primary responsibility for the education of their children, and States, localities, and private institutions have the primary responsibility for supporting that parental role.

Now, that law and that statement didn't come out of somewhere in the Dark Ages. In fact, that was the law that, in 1979, created the Department of Education of the U.S. Government.

Taken together, these mandates make crystal clear the responsibilities in the education of handicapped children. The parents have the primary responsibility; local and State and educational authorities have the responsibility to support those parents; and other local and State agencies, given their special expertise, must support the parents in the educational system.

That's not to say that the Federal Government doesn't have a role. The Federal Government does have a role: a role of leadership and a role, increasingly in the last 15 years, of assuring and insuring access of education to those special populations that, too often in the past, had been denied and had been left out.

I've reviewed the testimony that you have submitted. I look forward to learning from your experiences as consumers, as parents, and as professionals, and I suggest and anticipate that the information that we share today will help each of us, parents, educational system, other agencies, and Congress, to provide quality services to handicapped children in a timely and effective fashion.

And thank you for the opportunity to be here with you.

Mr. MURPHY. Thank you very much, Mr. Bartlett, and we will now proceed.

We have divided the hearing today into three separate panels, and we would like to have both speakers make their presentation, or three in the second and third panels, and then, if Mr. Bartlett and I have questions of individuals, we ask you to remain at the table for us.

The first witness we have scheduled is Dr. William Bolosky, who is the executive director of the Centerville Mental Health and Physical Clinic in Centerville, PA—Fredericktown, PA.

Dr. Bolosky, you may proceed. Thank you.

STATEMENT OF DR. WILLIAM BOLOSKY, EXECUTIVE DIRECTOR, CENTERVILLE MENTAL HEALTH AND PHYSICAL CLINIC, FREDERICKTOWN, PA

Dr. BOLOSKY. Mr. Chairman, Mr. Bartlett, fellow panel members, guests: I spent 18 years as a community—as a professional in a community mental health center, and I've spent nearly 15 years as a university professor, so, consequently, I've had numerous opportunities to encounter practical and theoretical problems that are of a concern to this particular committee.

One of the things that has been obvious to me, across this span of time, is that our traditional ways of helping people are being re-

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examined, and they're being reexamined for a variety of reasons, many of which are obvious to this particular committee.

This isn't especially unusual in a sense that I think we, throughout our history, have attempted to reexamine the way in which we provided services to community members. But in this particular age, whenever we're being forced to become more cost-effective, I think we have an additional burden placed upon us.

My personal experiences, in terms of this particular committee's interests, have revolved around integration of community mental health services with those that have provided the school districts.

In a sense, the varied community agencies provide services to the same population group. The people that we see in our mental health centers are very much the same people that frequently are taught in the school districts.

But yet, we have looked at ourselves as being rather distinct in terms of the services that are provided by mental health professionals and the services that are provided by educators, and in a very real sense, we are specialists.

But one of the things that has happened is that by being specialists, the problems that school districts could not handle, in the sense of children who had mental health problems, frequently found themselves being placed in institutions if the outpatient mental health clinic could not provide services for them.

School districts can only be so flexible in terms of providing services that we, mental health professionals, should be providing. We, of course, as mental health professionals, cannot provide services that the educators provide.

In 1978, we saw a solution to this particular problem when we began working with intermediate unit 1 to bring into our existing partial hospitalization programs—these are programs that operate 5 days a week, 6 hours—adolescents and have the school districts' intermediate unit bring into this setting the mandated educational component; that is, provide a teacher.

There was obvious benefit for both agencies. The school districts were operating with the dilemma of mandated school services for children who did not fit into traditional or alternate classroom settings. Mental health settings were under the constraint from State and Federal people to place fewer and fewer people in residential settings.

So, the marriage between these two particular bureaucracies were of benefit to both of us. But that's rather an easy statement to make and a more difficult statement—program to implement.

What we found was that, in 1978, we moved from 6 youngsters or 4 youngsters, in our program, and in one partial hospitalization program to 1984, when we—Centerville Clinic operates five partial hospitalization programs in Washington, Westmoreland, and Greene Counties, which contains—sees more than 90 students per week.

We staff the centers with psychiatrists, psychologists, social workers, and aides. The educational system provides the educational people, educational aides. They provide transportation. They provide books. They provide hot lunches. They provide all of the types of services that these children would be getting in their typical educational setting. We provide the mental health component.

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And what we have found is that by combining education with mental health, that the typical cost of residential care in excess of $35,000 a year for each child, who would be placed in residential care, we have found that we have been able to provide these services at a cost of perhaps less than $10,000 per year per child. So, it's a savings of approximately $25,000 a year.

In a sense, we're fulfilling, per child—in a sense, we're fulfilling the requirements that we, in mental health, have of attempting to reduce the population for residential care, and in another very real sense, the intermediate units are fulfilling the mandate that they have to, also, not be placing these children in the residential settings, and to find alternate forms of education. So, it works to our mutual benefit.

I don't want to leave the committee with the impression that all of the problems that are encountered in classroom settings, where children do not fit in these particular settings, can be solved in this particular fashion.

From my personal view, and from my discussions with the educators with whom I've worked, it seems that this is an alternative that may be coupled with other types of alternatives, and may offer us an opportunity to provide a range of services that can keep children in their appropriate school districts, living with their families, give us an opportunity to move more fluidly from partial hospitalization programs with an educational component into an alternate school setting, back into the residential setting, and, perhaps, be seen on an outpatient basis in a mental health clinic, by psychiatrists, social workers, and psychologists.

We see this as one avenue. Certainly, our experience, over the 6 years that we have been in operation, indicates that, certainly, it's a worthwhile effort on our part.

Thank you, sir.

Mr. MURPHY. Thank you very much, Dr. Bolosky.

Dr. Allan Blacka, who is the superintendent of schools of the Mount Lebanon, Allegheny County School District.

Dr. Blacka.

STATEMENT OF DR. ALLAN W. BLACKA, SUPERINTENDENT OF SCHOOLS, MOUNT LEBANON, ALLEGHENY COUNTY SCHOOL DISTRICT

Dr. BLACKA. Thank you.

It's a pleasure to have been invited here to speak on the cooperation between the school and local agencies. The majority of my remarks will focus on the cooperation that has been engendered between the Mount Lebanon Schools and the local agencies in the Mount Lebanon community.

In concluding my remarks, I will present some recommendations to insure that this process continues to be fostered.

Looking back over the last 15 or so years, Mount Lebanon has provided an appropriate education for approximately 60 junior and senior high school age students, who reside in the institutions in our community.

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These students are placed into these institutions by child welfare or the courts. They are largely classified as dependent and neglected, with a small percent of them being adjudicated delinquents.

Approximately 90 percent of these institutionalized students had been, or are immediately, identified upon entering our schools, as educably mentally handicapped, socially and emotionally disturbed, learning disabled, or multihandicapped. They represent approximately one-fifth of our secondary school identified handicapped student population.

Upon entering our schools, these students, who are identified as handicapped, are provided the special education services, and they are not excluded from some mainstream education.

Since we are unable to provide all of the necessary educational services for these students, it is necessary for us to rely upon purchased services from our area vocational school, the Intermediate Unit Center Vocational Program, and the Intermediate Unit Regional Support Center, assisting us in program placement and short-term educational programs.

Nearly 100 percent of these students graduate. Mount Lebanon's success in educating these students is dependent upon two factors: First, the students are instructed and aided by a caring and supporting staff. Much time and considerable funds are expended in staff development to assure that our staff members are aware of the latest research-based strategies and instructional innovations.

Second, success is assured through cooperation and ongoing interaction between the school's staff and the agency's staff. The district schedules special education consulting sessions twice a month with agency personnel in an attempt to ease the child's transition into the school's program, monitor the child's progress, and make the needed adaptations.

This meeting, chaired by a school district administrator, is attended by the principals, special education teachers, social worker, and the consulting psychiatrist; others, when appropriate. The minutes of these sessions are kept and used to follow up on suggested strategies and in further decisionmaking.

Through this team effort, students come to realize that adults work in their environment and take the time to focus on them as individuals, and to assist them to work out their problems.

The school, because of its primary position in these students' lives, has become the institution to work with the agencies in helping these youngsters make an effective adaptation to their world.

We believe that it is crucial that this relationship between the school and the agency continue to be fostered, nurtured, and enhanced.

Several concerns arise when I think about insuring this continued success. I will place these concerns in terms of recommendations.

First, it has been established that the cost of educating these institutionalized students is significantly higher than the cost of educating a typical special education child.

Public Law 89-313 funds, which follow the child and provide needed financial assistance to the educating institution, have greatly aided school districts, such as ours, in paying these excess costs.

And there is now Pennsylvania legislation, senate bill 1226 introduced by Senator Michael Fisher in the Pennsylvania Senate, which, if passed, would contribute significantly to ease this burden upon local districts.

Second, increased Federal Government support to State and county agencies is needed. This support could be provided to give more time at that initial stage of placement when we're studying the way to set the best setting for the youngster. It would reduce the number of transfers necessary as the youngster enters the school, and provide more of a consistent educational program for the child.

A third concern would be to provide time for districts to research the youngster's background before being required to set that appropriate program. Districts need this crucial time before beginning to lay the foundation for that child's future.

And, finally, ways must be found to increase Federal funding for diagnostic psychological and diagnostic psychiatric services that help us to determine ways in which these youngsters could be helped.

We ask ourselves: Can Mount Lebanon's interagency cooperation program be continued? Yes, but we are at the breaking point.

We are looking to you for your help with the added instructional costs associated with these students, your financial support for agencies who provide care for these young people, and your funding for the necessary diagnostic services.

I thank you for this opportunity to describe our program, and it has been my privilege to speak with you.

Mr. MURPHY. Thank you very much, Dr. Blacka.

I, with your leave, Steve, will ask the first question to Dr. Bolosky.

Do you have any intercooperation with the school districts, or with the intermediate unit, to, perhaps, have teachers and your mental health professionals trained? Do they train each other? Do they have meetings, educational sessions? It seems as though you have a rather close cooperation between the educators of IU. I take it they come to your institution, and is that where the classes are held?

Dr. BOLOSKY. We operate five separate facilities in different——

Mr. MURPHY. Five separate facilities?

Dr. BOLOSKY [continuing]. Locations in three counties.

Mr. MURPHY. I see. Are your personnel, mental personnel, onboard during those classroom sessions?

Dr. BOLOSKY. Yes, sir.

Mr. MURPHY. Or are they just visiting occasionally? Are they there permanent?

Dr. BOLOSKY. They're there the entire time that the child is there.

Mr. MURPHY. Permanently. And, then, I take it IU instructors are coming in, and, also there, during the course of the school day, working together?

Dr. BOLOSKY. Yes, sir.

Mr. MURPHY. Do you have any system worked out with IU, then, or with any of the school districts, on a cooperative spirit or method between the two?

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Dr. BOLOSKY. Yes, sir; we do. And the method that we're currently using is not what we used initially. We have found that mental health people and educational people are specialists, and in order to develop a workable system, in working with the administrators in the two intermediate units, intermediate unit 7 and intermediate 1, we came to the conclusion that what was needed was for mental health people to become a little more educationally oriented, and for the educational people to become a little bit more mental health oriented.

Once we had agreed upon that, at the administrative level, we, then, constructed meetings that were very much like the teachers' inservice training for our mental health people, integrating that with the educational people.

Following that development, I, then, talked with the guidance counselors, the school people. I would go out and meet with them and explain the thrust of the partial hospitalization program.

In addition, we have scheduled regular meetings that are held, currently, on a bimonthly basis, where all of the people come together, and we share ideas and information, and try to work on problems. It's been an evolving type of thing.

At this point in time, I think we can say that mental health people now have an educational component in their thinking, and the alternate, of course, is true with the educational people.

Two years from now, I would expect that this is further evolved.

Mr. MURPHY. Do you mean by taking in more of the facilities of IU, or they have a number of other facilities in addition to the five centers that you operate? You haven't worked with them and their other individuals. It's just your five?

Dr. BOLOSKY. Just our five facilities.

Mr. MURPHY. Dr. Blacka, you seem to have established a pretty close working relationship with child care institutions. How do you apportion the cost of—you know, we found, in education, that the cost is always a very important item. How do you divide the responsibility of the cost of educating the children? Is it the intermediate unit? Is it your school district, or is it the residential facility?

Dr. BLACKA. The costs for special education, the excess costs, are funded through the State. These youngsters become residents of our community, and they apply for these funds through the intermediate unit. The budget then goes onto Harrisburg, and we receive approval.

That doesn't cover all of the costs because those items that can get into the budget and are approved, we do receive a reimbursement for.

It's some of the activities that I described, the time it takes to sit in the sessions twice a month or more, those administrators and staff people that are available. That's time that really comes from the local taxpayer of the community.

There are other related costs that the Mount Lebanon community is paying for out of its local tax sources.

Mr. MURPHY. Do these young people who you have referred to as "in resident," are you mainstreaming them? Are they in individual special education classes? Do they come to the schools, the public schools in your district?

Dr. BLACKA. Yes; the institutions are physically located in the community where these youngsters live, but they come onto the school site, into the public schools, in our case, one junior high and one high school, attend, if they're in special education.

Now, some of the institutionalized children are not in the special education program; very few. They are in the special education class and mainstreamed, for as much of the day as is possible, into the regular program of the school system.

Mr. MURPHY. In other words, they enter into your regular special education classes that other regular resident students are attending?

Dr. BLACKA. Into those classes, yes; and the regular classes that are offered by the school, and participate in our cocurricular activities, receive the same guidance services, and go through the same enrollment processes.

Mr. MURPHY. Do you transport them, or does the intermediate unit transport them?

Dr. BLACKA. The only transportation that Mount Lebanon provides is for the special education child, where it is required, by special education laws. Those are the youngsters we transport. It's a walking community, basically, because it's small sized.

Mr. MURPHY. I see.

Mr. Bartlett.

Mr. BARTLETT. Thank you, Mr. Chairman.

Dr. Blacka, you told us that approximately 20 percent of the students in this unit come from either out of county or out of State; 15 percent, out of your county and 15 percent, their original home, out of the State.

I suppose my question is—but you also told us that the State picks up most of the burden of the cost of educating those. Of that portion that is not picked up by the State, do you receive any reimbursement from the other counties, where the children's homes are?

Dr. BLACKA. The home district of the student is billed for the tuition rate through the State subsidy process, yes.

Mr. MURPHY. So the home district, then, does pay their share?

Dr. BLACKA. That's right.

Mr. BARTLETT. Has there been any dispute about that, or is that pretty well accepted by all the districts?

Dr. BLACKA. Sometimes, disputes arise, but we have ample help from Harrisburg in usually working that out.

Mr. BARTLETT. OK. You told us that, in your opinion, that the cost of serving these students, this set of students, is higher than the amount that you're reimbursed. Do you have any way to quantify that? Do you have a quantifiable number as to the excess cost? All right, and do you, also, have a quantified number as to the costs of these students over and above the other handicapped students that you serve?

Dr. BLACKA. Not having any exact figures in front of me, we've talked with Senator Fisher about this in the Pennsylvania Legislature, and we're pegging that at somewhere around 50 percent greater costs to educate these youngsters that are special education.

Mr. BARTLETT. Fifty percent greater?

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Dr. BLACKA. Fifty percent greater, and that's what we're asking for in his bill, for a 50-percent reimbursement.

Mr. BARTLETT. I want to make sure I understand. That's 50 percent of nonhandicapped—greater than nonhandicapped students, or 50 percent greater than handicapped students who are——

Dr. BLACKA. Of the nonhandicapped student.

Mr. BARTLETT. Is it about the same as the other handicapped students, who are not part of the intermediate unit?

Dr. BLACKA. That's correct; yes.

Mr. BARTLETT. It's approximately the same, then.

Dr. BLACKA. Right.

Mr. BARTLETT. Dr. Bolosky, I guess my question would go—as you began to set up quite an innovative program that you have, as you began to set up the program, you mentioned in your testimony that there were formidable obstacles, in terms of cooperation among agencies.

Were there any obstacles that you found that were just simply barriers in Federal law, or in Federal regulations, or in Federal ways of doing things, that we could address at the Federal level, or was it, generally, just a matter of communication?

Dr. BOLOSKY. I think the barriers being encountered were more in terms of the bureaucratic organization, the Department of Education in Pennsylvania and the Office of Mental Health in Pennsylvania. Now, I'm sure that these flow from Federal regulations, and, in that sense, they are linked.

I think that what we encountered was that each of us defined a providence that we consider "patients" or "clients" that the educational system considers "students." The students' function is in both mental health centers and in educational settings, and we had to personally work together. The administrators and the line people had to work together to somehow have each of us see each others' point of view.

I'm sure that there is something that can be done at the Federal level, in that sense of better defining how these two bureaucracies can work, but I'm not sure of the relationship.

Mr. BARTLETT. Generally, I suppose, if we could find some ways to allow the States and the local level to define some of their own guidelines, so they didn't have to—or is that what you're saying, that some more flexibility would have been helpful?

Dr. BOLOSKY. I think more. I think what made our program work was the flexibility that we chose to exercise at the local level, and did this type of thing somewhat independently, not contrary to our State regulations, but with a good deal of personal contact among each other so that we would be sure that these things would work.

Mr. BARTLETT. Have other districts adopted your program as a model program?

Dr. BOLOSKY. We have presented this particular model throughout three of the NIMH districts and discussed what we have been doing, and, yes, some areas have attempted to incorporate this particular program. I think we continue to be the largest.

Mr. BARTLETT. OK; Dr. Blacka, for some of the students that you serve in the intermediate unit, what kind of access or availability of parents do you find; that is, I suppose, for the ones who are particularly out of county or out of State, and don't have a parent

nearby, do you try to provide some sort of a surrogate parent to fill that role, or are their students just kind of here on th ir own?

Dr. BLACKA. The staff of the various institutions provide for that surrogate parent capacity. They work with us, as the director or the leader, in that institution.

Mr. BARTLETT. OK.

Dr. BLACKA. We have very little contact with the parents.

Mr. BARTLETT. You have very little contact with the parents?

Dr. BLACKA. Of those students that are placed in these institutions, almost none.

Mr. BARTLETT. Is that right? So, then, your staff ends up having to provide the parental responsibility or act as surrogate parent, if you will?

Dr. BLACKA. Well, more so, than for a child who lives in the community and has parents there, but that's the function of those who operate the homes, the agencies, the institutions in the community. They have a staff that cares for that child before and after the school day, and throughout the night.

Mr. BARTLETT. OK. One other question on funding, because you had said in your testimony a couple of places, and, particularly, that you would advocate ways to increase Federal funding, particularly for diagnostic psychological and diagnostic psychiatric services.

My question would be: Is your urging of that Federal funding—is it because you don't see any other sources for the Federal funding, or is there some sort of a unique Federal role in which the Federal Government would be best suited, or maybe, a little bit of both, I suspect.

Dr. BLACKA. Probably, both, but if you're looking for ways to help us, we need help in that area, that time to diagnose, and we're not asking for funds for treatment or therapy. That may be a request of the agencies that operate these institutions.

It's a time-consuming and costly activity, and we don't seem to be getting the requests through at the State level.

Mr. BARTLETT. So, it's a request that has not been listened to, or——

Dr. BLACKA. That's right.

Mr. BARTLETT [continuing]. Granted by the State.

Dr. Bolosky, did you have something to add to that?

Dr. BOLOSKY. Yes, I do. One of the ways that we could be aided by the Federal Government is that we are required to provide services for no longer than 120 days for any student that comes into our program. After 120 days, if we continue to provide the services for that particular student, we then provide it at our expense and the intermediate unit expense. They are out of our program.

This 120-day requirement certainly curtails our effort in the sense that we feel that many of these students are quite capable of being salvaged from residential care, but it's rather difficult to be able to redo, in 120 days, that which has occurred over the span of perhaps 14, 15, 16 years.

I think, if, someway, the Federal Government could help the State government, whatever, to extend this so that we would cover at least one full school year, I think it would be of massive benefit to a program such as we've attempted to establish.

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Mr. BARTLETT. Would it increase your success rate?
Dr. BOLOSKY. Absolutely.
Mr. BARTLETT. That is, you'd be able to deinstitutionalize more students?
Dr. BOLOSKY. Absolutely.
Mr. MURPHY. What happens to these young people in the summertime?
Dr. BOLOSKY. In the summertime——
Mr. MURPHY. 120 days ends?
Dr. BOLOSKY. In the summertime, what we have been able to do, on a rather small scale, is that we have provided free services for these youngsters and attempted to arrange transportation ourselves, through our mental health services. The educational system, of course, stops at the end of the spring.

And we've attempted to maintain them on 1, 2 days a week. And we've had a pretty good success rate with these, particularly with the children that we feel that need this type of support throughout the summer.

But these are expenses that we have to pick up at the mental health level, where we get no reimbursement, and as long as we're able to do it, we will do it, but we're at our breaking point, so, consequently, some of the gains that we have achieved throughout the school year will be lost over the summer.

Mr. MURPHY. I take it, then, most of the funding that you utilized for these children comes through IU or the special education funding, handicapped education funding?

Dr. BOLOSKY. The IU simply pays for the educational expenses: transportation, hot lunches, an educational person or two, an educational aide in our facility, books, these types of things. We provide the expenses for everthing else: the psychiatrists, the psychologists, the social workers, the aides, the building. All the other expenses, we're picking up. But we can only collect for 120 days. And I see this as a very big snag in our system.

Mr. MURPHY. Thank you. I thank both of you very much. It was very enlightening. Thank you, gentlemen.
Dr. BOLOSKY. Thank you, sir.
Dr. BLACKA. Thank you.
Mr. MURPHY. The next panel is comprised of Mr. Vincent McVeigh, who is the president of the Pennsylvania Federation of the Council for Exceptional Children; Mr. Jim Hollahan, community service coordinator of the United Cerebral Palsy Association of the Pittsburgh district; and Mrs. Linda Yelanich, representing the Open Doors for the Handicapped in Washington, PA.

You may proceed, Mr. McVeigh.

STATEMENT OF VINCENT McVEIGH, PRESIDENT, PENNSYLVANIA FEDERATION OF THE COUNCIL FOR EXCEPTIONAL CHILDREN

Mr. McVEIGH. Thank you very much.

On behalf of the Council for Exceptional Children, I want to thank you for this chance to speak to you on this issue. I have given written testimony, and I will only briefly allude to that.

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I'd like to point out, primarily, some remedies to what we see as a breakdown in interagency cooperation and agreements that exist within the State.

My written testimony alluded to some specific cases, and we could go on, probably, and enumerate them. They're personal experiences, and I'm sure members of our organization experienced similar activities like that daily.

I think it's fortunate, however, that I follow Dr. Bolosky and Dr. Blacka, because they pointed out instances where this is happening. There is agreement and cooperation, and I don't want to lead the panel to think that this is not happening throughout the State. My concern is the inconsistencies of it.

If, in fact, the model program that's showing success in this part of the State has been proven, why is it not being either voluntarily picked up across the State, or forced down from our State level agencies?

And I think that is the objective that we would like to see in the Council for Exceptional Children.

I'd also like to point out that I do not see particular costs connected with our recommendations. I think we have, within the State systems of human services, that, if they were better coordinated, if they eliminated duplication and waste, they could be more productive, and what we need is, in fact, is a mandate process of guaranteeing that those organizations do provide the mechanism for that cooperation.

We do have some recommendations that I'd like to share with you. I'd like to recommend that a thorough review of the present interagency agreements be insured to facilitate the uninterrupted delivery of services to handicapped persons.

We are particularly concerned with children and young adults, who are in our systems, receiving services, and when they are in transition from one program to another, they are having, sometimes, up to a year of interrupted service, because the agencies are not coming together to find proper placement or expediting placement.

We'd like to recommend a thorough review of the present interagency agreements to eliminate inconsistencies in these agreements and definitions, and to guarantee that identifiable segments of our population are not excluded. And there are presently, within our State systems, populations of individuals who are excluded because of definitions. The example: Within our visually impaired populations, if the client is visually impaired and mentally retarded, the State vision system is the responsible agency.

This has come back to cause innumerable problems when it's been found that the visually impaired need some residential living, some time to, perhaps, gather the skills to go out into the community. That same blindness system that they've been directed to is not allowed to fund for living costs past 18 months. These type of inconsistencies are causing severe problems.

I'd like to recommend the elimination of wasteful duplication of services by agencies agreeing to accept existing documentation of handicaps.

Examples would be where a child has already been identified as handicapped, let's say, for instance, in a preschool or day care pro-

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gram, having to duplicate th testing that took place, sometimes, 6 months prior, duplicating it because he's now moved into a different funding source.

This is unnecessary duplication, and where the tests were performed by certified professionals, we recommend that those examinations and results be accepted.

Finally, recommend the establishment of the steering committee on interagency agreements, consisting of representatives of the human service agencies and representatives of selected advocacy groups, that they be required to develop the mechanism to assure the attainment of these aforementioned goals, and, to report, at least annually, to the appropriate legislative committees as to the success of these agreements.

Thank you.

Mr. MURPHY. Thank you very much, Mr. McVeigh.

Mr. Hollahan.

STATEMENT OF JIM HOLLAHAN, COMMUNITY SERVICE COORDINATOR, UNITED CEREBRAL PALSY ASSOCIATION, PITTSBURGH DISTRICT

Mr. HOLLAHAN. Good morning. My name is Jim Hollahan. I'm the community service coordinator for United Cerebral Palsy in Pittsburgh. I thank you for the opportunity to talk today.

What the focus of my testimony is this morning, is sharing with the committee one example of an effectively working interagency group. I think that we can learn some important lessons from our experience.

I'd like to refer you to the second attachment on my testimony. It's the last sheet. It's a pink sheet, and it's a brochure for the Local Children's Team of Allegheny County. If you'll look on the very back, you'll see a list. It says, "Member Organizations."

There are 43 different organizations which have come together in Allegheny County. They're all interested and involved in the provision of services to handicapped infant and preschool children in Allegheny County.

What's very significant here is that this group represents agencies funded by three major funding sources: the Department of Education, Department of Public Welfare, and the Department of Health here in the State of Pennsylvania.

The group was formed in 1978 as a vehicle to try and coordinate services for infant and preschool handicapped children. We have been very successful over time, and that's what I want to share with the committee today.

Specifically, we came together because of a lack of information. Each different funding source was providing different—chunks of services to infants. Different agencies found it very important to come together just to find out about who was doing what. We were duplicating services within our own community. As we began to come together, we discovered that we had to get organized.

The most significant thing that we did was we appointed a committee to help deal with our function of administration and organization. We called that committee our Governance and Procedures

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Committee. It was one of a number of committees of the Local Children's Team.

As we look back in hindsight, that was a very significant decision and a very important one when we talk about interagency cooperation.

The reason it was important is that, historically, the different agencies had been competitive with one another for the same funds, for different funds, that sort of a thing. Had we formed an organizational structure that had just indicated one person to be the leader, obviously, whatever organization they were aligned with would impact the leadership of the group.

By forming a Governance and Procedures Committee and—having each other committee, of the group, send a representative to the Governance and Procedures Committee, we were able to look at leadership issues from a consensus point of view with no one organization having more power than the other.

The group focused its tasks on, not the content of the issues we were discussing, but trying to define agendas, defining what were the issues that we were going to address at a large group meeting, what were the boundaries of the different committees, what were the objectives that we needed to accomplish, so, that we could construct a good working agenda when people did come together. And when you get that many people together with diverse backgrounds, we found we could really accomplish a lot of work.

What we've been able to do—one of the most significant things was a child count. In Allegheny County, no one had accurate figures of all the infant and preschool children served. Different funding sources had parts of the picture, but no one had the whole picture. So, we were able to identify where the children were, and who was providing the service.

Out of that, we were able to identify where gaps in services were. We were able to identify where different organizations had openings, which facilitated referrals. We've been able to develop short-term solutions to problems we've identified. If we've identified not enough preschool classrooms for emotionally disturbed children, at least, the agencies together could say, "Well, which children are unserved? And how might we get a couple kids placed here or there?" The same sorts of issues exist around transportation.

In one example, with the infant program at United Cerebral Palsy, we were able to get a teacher from the intermediate unit to work in our program 3 days a week for 1 year, to fill in a gap. We've explored and talked about other ways of sharing services.

One of the most significant things, locally, we've begun to get organized, but on the State level, we still have difficulty because some of the State departments are not organized, and the previous testimony made some reference to that.

What one of our solutions to that has been that the Local Children's Team has really spearheaded the effort here in Pennsylvania to develop legislation for mandated early intervention services.

Next month, Representative Ron Cowell will introduce legislation, and we have started the process. That's the ultimate—after a lot of discussion, that's one of our real, concrete proposed recommendations to resolve some of these problems. I think, as the legis-

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lation gets passed, some of the statewide system issues will become further clarified.

So, in summary, around this, I guess what I want to say is that health care professionals often know a lot about providing services to children. What I don't think we pay as much attention to is the management, administrative and organizational issues that have to be addressed.

This Local Children's Team was a voluntary group. We had no staff. Different agencies had to, you know, all contribute time to making it happen, so our solution of Governance and Procedures Committee has been critically important to bringing in so many diverse interests together to work effectively.

My suggestion to the committee is that in considering ways to implement, like the Commission's report, please give some consideration to administrative and organizational issues, if that be in writing regulations, in providing some funding for the staff functions that must go on, or the organizational things that must go on, so, that, either at a local level or at a statewide level, organizations can work to build better cooperative agreements.

That concludes the verbal testimony I want to make today. I just want to refer you to page 5 of my testimony and some other comments on interagency cooperation on the Federal level.

Thank you very much.

Mr. MURPHY. Thank you very much, Mr. Hollahan.

Mrs. Yelanich.

STATEMENT OF LINDA YELANICH, OPEN DOORS FOR THE HANDICAPPED, WASHINGTON, PA

Ms. YELANICH. Good morning, Representative Murphy, and all the others who are here today in the interest of special education. Thank you for affording me this opportunity to testify today.

I am here to represent the members of Open Doors for the Handicapped of Pennsylvania. We are a nonprofit organization which strives to promote the independence for all disabled in all areas of living.

As you know, education is the one way to provide such an independence for the future of our 7 to 8 million disabled children living throughout the United States today.

It has been estimated that 5 million children are currently receiving special education services throughout our country. We are making progress, and you can tell that, too, by our excellent testimonies that have been given so far. The system is beginning to work.

My experiences, 7 years as an officer in Open Doors for the Handicapped and 14 years as an elementary education teacher, have given me some insights into special education that I'd like to share today and I hope will be valuable.

It puts me in a position where I can see the needs of the special education student that is mainstreamed into my classroom and my peers' classrooms daily. I can see the effectiveness of the special education programs while they're working in the public schools.

With these together, I would like to offer recommendations of ways to improve the interagency cooperation of special education

in public schools, so that they may be adhered to the guidelines of 94-142.

My recommendations are as follows:

No. 1. The intermediate unit should remain as a coordinator of special education services in all of the school districts. And, in fact, I will cite some ways in which their role should be increased.

As it has been mentioned, the intermediate unit provides to the school districts a wide range of professionals who are specialists in all the different areas of disabilities. All these different disabilities may be coming to our school districts on a daily basis, as mainstreaming is becoming more of a fact today.

You see, with such a wide range of disabilities, each school district cannot take upon this responsibility alone. Many though, however, are trying to do so today, with very poor results; much confusion, also.

The intermediate unit, though, has problems because they not only handle one district, they are often expected to handle all the disabled in 25 or more districts in their IU area. This results in a delay of placements—a lack of guidance services, also.

So, I would like to advise that there be more guidance programs provided to the school districts for the disabled students.

As Dr. Bolosky had mentioned earlier, we need to think of education as beginning with the families' role and continuing on to the teachers' and the administrators' role. We need to cover the entire gamut.

My second recommendation is that the intermediate unit should provide in-service day training, yearly, to each school district, to educate the teachers and the administrators of the needs, the rights, and the laws affecting our disabled children today.

I am aware of many people who are in our school systems who are not prepared for the children who are being mainstreamed into the schools and classrooms.

My third recommendation is that there should be State grant money specifically provided to the school districts, wishing to make accessible accommodations; to buildings specifically out of compliance with 504. There are many buildings built today, after 1972, and they aren't in compliance.

This state grant money would alleviate financial burdens on the school district. It would insure safety and it would insure a compliance with section 504, of course.

My fourth recommendation is that there should be more seminar days set up in each school year, so that the representatives from the agencies, who deal with Special Education Services, such as Easter Seals, the Blind Association, Arts for Special Education, mental health clinics, Southwestern Guidance, Child Alert, Headstart.

These representatives should be given the opportunity to meet with the representatives from the intermediate units in order to exchange updated information and to plan new programs.

Now, on a personal note, shortly after I was injured at the age of 10, I was misplaced in the public school system. So, I know personally the damage a poor educational plan can do.

I hope that my remarks today will shed some light on the issues today.

Mr. MURPHY. Thank you very much, Ms. Yelanich.

Mr. McVeigh, some of the suggestions that you had made, or, perhaps, some of the criticisms, couldn't—many of those difficulties be eliminated merely by a voluntary effort between the agencies that you referred to, or do you think that we need to do something with the law?

It sometimes is difficult to legislate cooperation, and Mr. Hollahan outlined, immediately after, of some 40 agencies in Allegheny County that do apparently have this type of cooperation.

What is lacking? Is it the law? Is it the spirit? What do you think can be done? You know, sometimes it's difficult for us, on the Federal level, to mandate cooperation.

Mr. McVEIGH. Certainly. I think there's several points. In some cases, there are actual agreements at the State level, and these agencies are following their Federal requirements that have put up a catch-22 situation.

I spoke of one specifically with the visually impaired, mentally retarded. If you follow the law, you cannot serve some visually impaired, mentally retarded people properly in this State. And the agencies, by following the law, have been forced, in innumerable instances, to say to families, "I cannot serve your young adult, or your young child." That type of situation, I think, needs correcting——

Mr. MURPHY. In the law.

Mr. McVEIGH. In the law. There are other instances where the agreements and the regulations that the State agencies are following should allow, and would permit cooperation. And you saw an instance of it happening, certainly with what Jim described and what the doctors described earlier. It is happening here in Allegheny County, in this area.

But I can also show you parts of the State where it is not happening, and it will come down there because of a dollar situation. And agency says, "I cannot expand services to a preschool child."

The Department of Education—a teacher can know there is a 4-year-old child in a mental health, mental retardation day care center, but I am not allowed to. I am not permitted by my superior to go and contact that child, to review those records. And so the child graduates—parenthetically graduates, and now I'm allowed to begin finding out what this child's needs are.

Certainly, at the State level, the laws would allow that to happen. But the two agencies are not making sure it's happening at the local level.

I really think there's a mandated system that will work, but we should guarantee that the individuals do not walk away from a meeting, being told neither agency, or, in some cases, three or four agencies cannot serve that child's needs.

That's why the advisory—the citizen's advisory aspect is important. There should be some mechanism, if we hear of a person who's fallen between the cracks, let's find out why. If it's a regulation, work to change it. If it's lack of communication, let's assure that that does not go on too long. Someone should be responsible for serving that need.

Mr. MURPHY. To Mr. Hollahan and yourself, Mr. McVeigh, do you believe that the law prevents the mandated early intervention, or where do you see the shortfall in the early intervention?

Mr. HOLLAHAN. In early intervention, as I understand 94-142, it says it will not supersede State law. State law here guarantees an education beginning in kindergarten or first grade. It depends on the school district.

So, Federal moneys have been used in the State of Pennsylvania for early intervention since 94-142 came online. What happened, though, corresponding with Reagan coming in and the budget cuts going on, is that as 94-142 money did not expand or was cut back, so were early intervention programs. And we've been really struggling to keep them alive.

Our solution to that, where we're providing services today, and, as far as I know, all children, at least in Allegheny County, are having services. I can't guarantee that next year that will happen, if any one of the three funding streams pulls back any more.

So, I see it as a State problem. The Federel law has really set the pace by saying that educational moneys could go down to zero. And then we kind of have a mesh— get our responsibility in line with what the Federal Government's already said.

Mr. MURPHY. And, Mrs. Yelanich, just to advise you, under the Architechtural Compliance Act, we have made available, nationally, $40 million of Federal level grants to remove architectural barriers for the handicapped, and I would certainly hope that you would carry your message to the State of Pennsylvania, and that, perhaps, the school districts should be in touch with the State department of education to make sure that these funds are not going just to other public buildings, but also to the educational institutions.

Ms. YELANICH. Well, this indicates, to me, that even our superintendents aren't aware of what's available. I have recently worked on an accessibility accommodation in my own school district. The problem was ignored all last year.

All the administrators were aware of 94-142, but nothing was acted upon to insure that this building, which was built after 1972—I'm pointing that out because it should have been built in compliance with 504 anyway, but it wasn't.

So, the little boy was carried up and down the steps, even though he was in a wheelchair. Parents aren't going to do anything because they don't know anything about 94-142, or 504. And nothing was done until this little boy had fallen from his wheelchair while being carried up and down the steps.

Since then, our school district has applied for an architectural advisement on three wheelchair lifts to be installed in the building. The cost of that is $25,000.

I have checked around with the agencies that I knew; Developmental Disabilities Advocacy Network, one, and my superintendent. They all had told me that they weren't aware of any moneys available outside of the 94-142 moneys that came into the school district for special education students that could be used for just separate accessible accommodations.

Mr. MURPHY. We'll be glad to provide them with the agency.

Ms. YELANICH. Right.

Mr. MURPHY. I'll find out what agency in Pennsylvania handles the funding.

Ms. YELANICH. You see, misinformation and lack of knowledge about the needs and rights, and laws affecting the disabled start with the superintendent and carry on down through the principals, and then the teachers are totally unaware, too, about how I can best meet the needs of this disabled student.

Mr. MURPHY. Thank you.

Mr. Bartlett.

Mr. BARTLETT. Ms. Yelanich, I wonder—you mentioned inservice training, I think, in some of the areas. Do you know, are there any attempts coming from the school district level, or from some of your agencies, to encourage or to increase the amount of inservice training for teachers, in particular, or for principals, or are the teachers just left on their own to try to figure it out?

Ms. YELANICH. My being a regular classroom teacher, also, I can testify to the fact that in our district, we had one inservice day training on learning disabilities about 5 years ago. This, as I pointed out in my testimony, should be a yearly inservice program to every school district.

And I know, my own peers, the teachers I am associating with every day, are unaware about the needs of the disabled student, from the learning disabled, clear to those who are affected with muscular dystrophy, and those who are in wheelchairs.

They are unaware that—this child should have transportation to the school. I know many children who are being brought to our schools by their parents. Someone should step in and inform the parents that the school has this responsibility, also.

There are many cases in which the teachers don't know the little management techniques to use with the different disabilities. This is where I see the intermediate unit, with their specialists, can control this situation. And what is even more scarier is when a school district is considering completely not contracting at all with the intermediate unit.

I know of several situations in which that is occurring, and, in those cases, special education classes may then be, according to the district's wishes, combined with learning disability students. Then, the teachers who had originally taught special education and learning disabled classes are now administrated by the principals and superintendents, who know nothing about special education.

And I know for a fact that materials aren't provided in these situations to these special classes.

Mr. BARTLETT. Are there any—where—you know, it's not a matter of ill will on behalf of the teachers, I know; your case in particular. Are there any places, or inservice training, or any agencies that the school district could come into the classroom and help train a teacher for dealing with special cases?

Ms. YELANICH. Yes, there are. And this just happened to me yesterday. In my own building, there was a—Arts and Special Education Project of Pennsylvania providing a cooperative effort under the Department of Education.

The bureau of curriculum services and the bureau of special education have gotten together to provide personnel to come to classrooms of special education and regular classrooms. And while these

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professionals are in the classroom, they not only teach the students lessons such as creative movement, creative drama, creative art, music for the blind, and so on, they also are conducting an inservice, on-the-spot program for the teacher who is in that classroom.

While I was talking to the person in charge yesterday, she informed me that the intermediate units have been contracting her services yearly. This has been a project which has been funded for about 7 years so far. But she has no knowledge of any school district, alone, that has contracted with their agency.

Mr. BARTLETT. Thank you.

Ms. YELANICH. So, that is one example.

Mr. BARTLETT. Mr. Hollahan, first of all, on Public Law 94-142, I suppose there's a little bit of good news and bad news. In spite of the widespread belief that funds have been cut, in fact, funds have either stayed the same or increased; 1983 increased by $50 million at the Federal level, and 1984, by $100 million.

Now, that translates to the fact that we all recognize. And that is, most of the funding, or most of the excess cost, for providing a free and appropriate public education for handicapped students still comes, and rightfully, from States and local school districts. The Federal Government provides about 8 percent of the funding.

And I would anticipate that you could expect that approximate 8 percent to continue on through the years. But in any event, the actual dollar amounts have not been decreased in terms of the aggregate. I suspect they may have changed based on population needs, but, in the aggregate total level, they haven't decreased.

My question also relates to funding, and that is, on the preschool population, is the problem at the State level one of redistributing existing funding to try to accommodate and better serve the preschool population? That is to say, in many ways, it's much less expensive to begin to work with a child prior to first grade, or is it a problem of a major expansion of the total amount of dollars that are needed?

Mr. HOLLAHAN. I'll take a crack at that. In Allegheny County, like I said, at that moment, you know, we're meeting the needs for most children, preschool children. That's not the case across the State.

You know, when you get into the rural areas, you have a whole different thing, and the service is not consistently available. So, a lot of what happens for a child is really dependent on chance, and where the child's born, and what services might be available.

So, one way of answering it is coordination and redistribution of existing service dollars. You know, the concept of—when you talk about legislation that mandates early intervention, I mean, the first thing people talk about is how much is that going to cost?

The dialog at that State level is encouraging at this point. We don't have all the answers. One of the issues in developing a legislation is what will be the lead department, lead agency, you know; department of education, public welfare, department of health, and how we coordinate those resources?

I think we'll be able to get some sort of a package together, at least what we're hoping, where each of the different departments can contribute some of the resources to meeting some of those

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needs. A lot of it is an issue of clarifying and using existing resources.

Mr. BARTLETT. OK. On the issue—by the way, I'm quite impressed with the organization that you've started in terms of the coordination, and, in reading through it, the question comes to mind as to what methodology you use at the caseworker level?

Leaving aside the top level of the organizations, do you have a methodology for each individual worker, when they have a tough problem case, to communicate with other agencies, or do they, generally, just pick up the telephone and call each other, or is there some sort of a regular session where they can talk about tough cases?

Mr. HOLLAHAN. A couple. One of the committees we have is what we call the Shared Services Committee. That committee, the agenda, is looking at those service issues, so people that have kids that they don't have places for, or whatever the issues are, can go to that committee. And it gathers other people who are interested in that specific thing. That's one avenue.

The other avenue is our history of working together has built some very good informal relationships. So, when problems arise, yeah, we do get on the phone and call around and see what——

Mr. BARTLETT. We have—in my city, in Dallas, started a similar thing, again, at about the same time, and it's now evolved into a weekly meeting of approximately 40 social service agencies, in which each person is challenged to bring his toughest case, and they talk about how they could help this person. And it's amazing how much competitive pressure—agencies begin to compete to help as opposed to competing to have someone else do it. And it's been quite successful and it sounds like it's a similar——

Mr. HOLLAHAN. Yeah. One important point here that I—in terms of effectively working together—what the governance and procedures committees had to do is decide what issues are appropriately handled in what areas.

Once every other month, we get together as a large body and we try and keep the issues there to deliberation of committee reports, recommendations, those sorts of things. That's not the appropriate arena to, in most cases, do an individual case review.

If we would have done that, we would have lost participation because, you know, people who were coming there to try and contribute their agency resources, would have said, you know, "We spent an hour talking about an individual case. I'm not interested. I won't come any more."

So, we've tried to work it—you know, what belongs in a committee, and case reviews belong in the shared service committee and we'd steer people that way.

Debate and discussion of what our position is on early intervention legislation belongs in a large group, and you know, with a large group considering the committee reports, and those sort of things.

Mr. BARTLETT. Mr. McVeigh, you mentioned that one of the problems that you find is encouraging agencies to accept existing documentation of handicaps. I hadn't heard that before.

I suppose my question is: Does that reluctance extend from things that may be in Federal regulations, where you have to redo-

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cument and document a document, or are there things that we can change in that regard?

Mr. McVEIGH. I think my point was that there are regulations that require each agency to almost initiate, again, the information, findings, child evaluation process, and they are following those regulations. Where, in fact——

Mr. BARTLETT. Even though it may not make any sense.

Mr. McVEIGH [continuing]. An entire packet of very good and well-documented information exists, from an agency with similarly certified professionals having done that. This is where, maybe, the flexibility to accept—you know, given equal information to accept that as the reidentification or the reevaluation. That happens fairly regularly. It's not a—we accept that information from the other agency, but we can't use it as our documentations.

Mr MURPHY. Will you, or will anyone here, who is following this, provide us with the regulation or the section in law, if you find that, you run into this problem? And then what we can do is work with the agency, Department of Education, and attempt to make it more effective.

Mr. McVEIGH. I'll try to do that.

Mr. MURPHY. I think this is something we have been trying to accomplish in Washington.

Mr. McVEIGH. Yes.

Mr. BARTLETT. I think that may well be a case of something this Subcommittee can help with, and you may find some instances, for which we would like to have the specific date, time, place, and agency, in which, in fact, there may or may not have been something in Federal law, but the agency was trying to protect itself and make sure they got all their "t's" crossed and their "i's" dotted, and by that time, the client had to wait around a year.

And so there may be some interpretation problems, but your point, and mine, too, is either way, it doesn't matter, you know, whether it's really——

Mr McVEIGH. Exactly

Mr. BARTLETT. In law or whether everybody thinks it's in law, the result is still the same. The client is not served.

Mr. McVEIGH. I agree. And I might be wrong in saying —I'm sure it's both of what you just said; that in some cases it's interpretation; some it may be regulation, and I will try to get instances of both, if I can, and dates.

Mr BARTLETT But the positive results in terms of the potential need for some legislation may well be just to clarify so that even it it's only a bad interpretation, perhaps we can clear up any misunderstanding

Mr McVEIGH We surely could save dollars, and we could move a child more quickly from one system to another. I know for a fact.

Mr BARTLETT. OK. One additional question, Mr. Chairman, and I realize that time is moving, but I'd like to ask each of the three of you and the next panel may want to answer this also—you've all worked with Public Law 94-142 as it's been implemented. From your experience, and we've talked about this one set of circumstances, do you know of any recommendations which you would have for any changes in either the law, basic law, or the regulations themselves, as I move into awfully swampy waters, I realize?

Mr. McVEIGH. Well, let Linda answer first.

Ms. YELANICH. Perhaps, to make it mandated to have this law, and the responsibilities provided within this law, to the school districts, studied at such in-service day programs.

I found, in my own district, where personnel, principals, superintendnets, teachers, were not informing parents. They weren't providing programs. They weren't doing what was provided in 94-142. They weren't providing adapted physical education. They were not providing transportation to the homes, and so on. I could go right down the list.

So, it's all an awareness. If we could write something into that law that would help to make our public school system aware of the law, at some educational setting; an in-service day meeting, perhaps.

Mr. BARTLETT. Anybody else?

Mr. HOLLAHAN. Yeah, I'd like to comment. It's really an acknowledgement, thanking the committee for the work that's been done to protect and maintain the law. My position is that I think the law is very good the way it is written. I was very scared, and so were a number of people that I work with, with the proposed regulation revisions and, really, where some of the teeth were coming out of the law.

I think we're at a point where parents are beginning to learn their rights. Educational organizations are beginning to implement the law and that's taken some time. I do community education through United Cerebral Palsy, and I've got three different requests, in the last month-and-a-half, from individual schools around disability awareness issues, precipitated by mainstreaming

And the schools are saying we have to do something mo han a bandaid method. And, so, they've really reached out for information. I'm real encouraged by that.

Mr. McVEIGH. I would tend to agree with Jim, certainly, from a personal point of view. And with your allowance, I'd like to take this back to my executive board. We're meeting tonight, and if there are specifics that other people want to address to you, I'll give you some written testimony on that.

My personal feeling is that I'm satisfied with what's happening. I'm certainly glad that the rescissions, and so forth, did not go through. I would have been more upset then. But I'm relatively satisfied.

Mr. BARTLETT. OK, thank you.

Mr. MURPHY. Thank you. One final comment, Mr. Hollahan, on your suggestions. On page 5, with the apparent lack of cooperation between the Office of Special Education and the Office of Civil Rights, if you will provide us, or if anyone here chooses, and we will seek some information nationwide on this lack of cooperation, we will schedule a subcommittee hearing, at which time we will invite the directors of both of these agencies before us, and, hopefully, we'll have sufficient information, in our files, at that time, that we can intelligently question them that they continue with their memorandum of understanding and cooperation.

Mr. HOLLAHAN. Thank you.

Mr. MURPHY. Thank you. OK; thank you very much.

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This panel is comprised of Mrs. Joan Kost, a parent, and director of advocacy in the Pittsburgh, Allegheny County District; Mr. Elmer Goodson, coordinator of Academy House, Three Rivers Youth, Pittsburgh, PA; and Mr. Joseph Sabella, a parent and past president of the Beaver County ARC.

STATEMENT OF JOAN KOST, DIRECTOR OF ADVOCACY, PITTSBURGH, ALLEGHENY COUNTY DISTRICT

Ms. KOST. Thank you.

Good morning, Mr. Chairman, Mr. Bartlett. My name is Joan Kost. I'm a certified elementary teacher. I'm currently serving as director of educational advocacy at the Association for Retarded Citizens of Allegheny County. I am also the proud parent of a severely hearing impaired young man.

Eric testified at your 1982 hearings on the proposed deregulation of Public Law 94-142. He couldn't be with us today since he's attending the National Technical Institute for the Deaf in Rochester, NY, majoring in accounting and taking some of his business courses at the regular college, the Rochester Institute of Technology. NTID also benefits from Federal funding in regard to the education of hearing impaired students.

Soon, Eric will be a self-sufficient taxpaying student—I mean, citizen, thanks, largely, to the mandates and the funding of Public Law 94-142.

Eric's 20 years old now. We sought out and paid for all of Eric's preschool education, all of the programming he received from year one, and actually it started when he was just age 1.

But from the time he was of school age on, our local school agency, Peters Township, provided special education, which took him through the continuum of education from a residential school for the deaf into being mainstreamed in high school, with only the related services of speech therapy and tutoring provided by our special education unit.

Eric has benefited from the cooperation between our local school district, as we call it, the local education agency, two intermediate units, the Office of Vocational Rehabilitation, and even the CETA Program.

As a parent, and as a long-time educational advocate, I have seen great improvements in agency cooperation under 94-142.

As our previous speaker, Mr. Hollahan, mentioned, we've seen improvement in agencies representing single-handicapping conditions, learning to work together to protect and to improve special education. We've learned that the children we've represented are more alike than different.

There have been advances made and cooperative action by State and local education agencies in helping parents learn more about special education. Recently, a 2-year parent-to-parent program, a training project, was completed in Pennsylvania. It will be completed at the end of May.

That program was offered under a Federal grant to the discretionary funding programs under Public Law 94-142, and it has established a statewide network of parents trying to teach other parents. The grant was secured and delivered through the cooperative

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efforts of parents in Pennsylvania, agencies representing single-handicapping conditions, and the Pennsylvania Department of Education.

There's a need for more, and we hope there will be more, because as our other speakers have mentioned, many parents do not know the protection that Public Law 94-142 can offer their child.

As an advocate, I have concerns that the responsibility for related services is not defined clearly enough so that we will know who is, indeed, responsible for the services needed to help the special education student benefit from his education. I think it would, also, help in having a more equitable distribution of the funding, if we were able to have more clear delineation of the responsibilities.

Preschool education is still an area of concern at this point in time. In our State, as you know, the preschool education services are not mandated. The department of education, as their director stated—of special education has mentioned, serves only about half of the students, from 3 to 5, who really need it.

And although there are many good programs across the State in preschool education, there is not a comprehensive system. We're hopeful that both the legislation, which was discussed prior to this, is passed in this State, and we're hopeful that the finding, which you in Congress have just recently granted under the new legislation for the discretionary funding, will also help encourage our State to mandate preschool education.

Over the period of 10 years, in which I've been serving other parents and their children, I have seen some very heartwarming examples of school districts and intermediate units working together to provide educational programs that are appropriate and in the least restrictive environment for a special education student.

I've seen special education teachers working effectively with children in special classes, and serving as liaisons between those children and classes in which the students were mainstreamed with other nonhandicapped children.

However, I am sorry to say that, in this area, too often, I have found cooperation strongest between local school districts and intermediate units when education agencies are presenting a united front in maintaining a segregated situation for a handicapped student.

The usual reasons given are lack of funding, need for protection of an isolated setting, and I believe that this is ignoring the mandates of both State and Federal law, which require a more normalized setting for special education students.

In our State, when negotiations fail, and many knowledgeable parents have difficulty negotiating a placement, bringing a child from a special education center into an integrated situation where they'll have some contact with nonhandicapped students, at least, for part of their day, when those negotiations fail, a parent in this State must go into due process proceedings, which will, quite often, end in being a hearing where the parent must pay for an attorney, while the attorneys for the intermediate units are provided by public funds.

It would be helpful if direction could come from the Federal level to our State. Perhaps such suggestions, technical assistance, as how

to use hearing officers as mediators rather than going into the formal due process hearing situation.

Our State education plan is written very well. Good intentions are expressed. Yet, compliance is uneven across our State. One of the problems is that there are very few regional reviewers who can pursue complaints from parents or advocates across the State.

We also have concern for those students who are adjudicated under Pennsylvania law. Some of our legislation, such as Act 30, does not permit the department of education to monitor programs in institutions. Not all of the situations are as well provided as the one Superintendent Blacka referred to.

In this State, we only receive self-evaluation plans in the department of education. Each institution tells the department how they're providing education. Our fear is that there are many special education students unidentified, and many special and non-special education students who receive their education at the institution itself with no opportunity to be in a regular school system, even in special class, in a regular school.

I think, basically, adequate funding to supplement State funding, monitoring by both the Federal and State agencies, are needed even more, rather than less. The Office of Civil Rights, in the past, has been a solution to many problems which did not require parents going into due process hearings. Reviewers came in and did onsite investigations when it was needed, and many positive changes occurred.

Unfortunately, gentlemen, I don't believe we can sit back and say that, in time, these things will come about. I feel that you, who gave us this great law, must provide the technical assistance and also the regulatory enforcement, including active intervention and punitive measures, where necessary. And, yes, I think you can legislate attitudes, because I've seen many, many school districts who, years ago, would not educate special education students in their districts; told their residents that they best move because they didn't take care of them.

I see them now doing an excellent job, and I believe it's true in all of the other areas we have discussed this morning, so that I hope that you will continue your efforts to preserve and strengthen 94-142.

Mr. MURPHY. Thank you, Mrs. Kost.

Mr. Goodson.

STATEMENT OF ELMER GOODSON, COORDINATOR OF ACADEMY HOUSE, THREE RIVERS YOUTH, PITTSBURGH, PA

Mr. GOODSON. Thank you.

Representative Murphy, Mr. Bartlett, panel members, and guests, I thank you on behalf of Three Rivers Youth, I thank you for this opportunity to speak very briefly about our agency, about the young people we are committed to provide with services, and about our relationship with the school districts.

Three Rivers Youth provides residential treatment, day treatment and partial hospitalization for high-risk youths between 13 and 18 years of age. The youth served by Three Rivers have been

determined dependent/neglected by the courts and placed in our agency by the department of children and youth services.

Needless to say, these people come into our programs with the burden of severe social and emotional problems. We, as an agency, are committed to providing a support system for the children of our society who most often have no other alternative.

The responsibility of providing for the educational, social and emotional needs of these children is shared by agencies such as ours and the school districts. The success or failure of this mandate depends largely upon the cooperative and productive work and the best interests of each of these students as individuals.

Academy House is located in the Mount Lebanon section of Pittsburgh, and for the past 10 years, has been receiving educational and vocational services by the district.

We, currently, have seven residents enrolled in varying levels of the middle and high schools in the district. They are being provided with varying degrees of specialized programming.

The Mount Lebanon Scho[illegible] District is clearly committed to planning, developing, and monit[illegible] an educational plan for each of these students that maximizes [illegible] resources of the schools. This cooperative planning begins, oftentimes, before a student arrives in placement. Three Rivers personnel, school representatives, including a consulting psychiatrist, and Regional Support Center staff are actively involved in the transitional planning and research on previous educational placements, psychological and psychiatric data.

From this point, weekly planning sessions, attended by a blend of agency caretakers, special education teachers, and school administrators are held. The purpose of these weekly meetings is to monitor student progress, to address problem areas, and make programmatic adjustments with the goal of providing a foundation for each student to build upon.

It is not at all unusual for a teacher, a counselor, or even an administrative person, to drop by Academy House to introduce themselves to a new resident. This type of involvement, without question, has an impact on the student that is experiencing anxieties produced by going into a new school system in a new community.

Approximately 90 percent of the students that come in—or approximately 90 percent of the residents that are currently in Academy House had histories of truancy, absenteeism, and basic school resistance. Problems in these areas obviously contributed to the academic deficiencies that they had when they came into placement with our agency, and when they went into the school system.

I would like, at this point, to call your attention to the attachment at the back of this testimony, which clearly indicates some results of the cooperative effort between our agencies and the Mount Lebanon School Districts.

What I have here is a printout of our February percentage of attendance for each student in our agency. All of these students are enrolled in public, or even approved private schools.

The figures circled at the bottom of the page represent our agency's overall attendance ratio for the month of February. Ninety-two percent attendance clearly reflects our agency's committment to the educational process of these young people.

At the top of the page, I call your attention to the figures circled there, which represent Academy House, which has served—or provided educational services by the Mount Lebanon School District. Ninety-six percent attendance for the month of February clearly reflects the effort on the part—or the cooperative effort on the part of our agency and the local school district.

It is my feeling that the Mount Lebanon School District could very well serve as a model for other districts for developing and maintaining a cooperative and productive approach to specialized education.

Thank you.

Mr. MURPHY. Thank you very much, Mr. Goodson.

Mr. Sabella.

STATEMENT OF JOSEPH SABELLA, ARC, BEAVER COUNTY, PA

Mr. SABELLA. Thank you.

I am pleased to be able to present testimony today I thank you, Congressman Murphy, Congressman Bartlett, for giving us this opportunity.

The ARC and other advocacy groups have always appreciated your support of issues dealing with the education of handicapped children.

I speak to you today as a representative and volunteer of the ARC, Beaver County; also, as a member of the Beaver County MH/MR Advisory Board, and, more importantly, as a parent of a handicapped, school-age child.

My son, Stephen, is 13 years old and attends New Horizon School in Beaver County. He's a multihandicapped, nonverbal, he's myopic, and his educational placement is trainable-mentally retarded.

My wife and I are both actively involved in all aspects of our son's educational program and have been since he started school.

I am past president of the Association of Retarded Citizens, Beaver County, and a present board member and chairman of the ARC's Education Committee.

Our education committee has been deeply involved with many aspects of education of the handicapped, including Federal and State laws, and regulations dealing with the issue.

Interagency cooperation in special education is and should be a long term and continuous goal of all advocates of people who are mentally retarded and receive special education. Many different agencies and organizations play a vital role in all aspects of the lives of the school-age handicapped children. I have seen the need for interagency cooperation often during my own son's involvement with special education.

I believe, as does our ARC, that as the law mandates, the educational agency is ultimately responsible for all components of an Individual Educational Program, or the IEP, for each child in special education.

Cooperation between other agencies, which would benefit each specific child, is definitely an added plus. The best way to promote cooperation is the inclusion of all related agencies in the IEP conference attended by the parents.

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This could include an invitation of the Community Mental Health Center caseworkers, a representative of a local advocacy group, such as ARC, and any other agency that might be involved with the child in providing services, such as Children and Youth Services, and others. Making sure that all organizations realize the services, which are required for a child, is one way to initiate the cooperation and open communications at IEP conferences. That is the key to the discussions that can address the sharing of responsibility.

One of the obstacles to interagency cooperation often is the inability to place the educational needs of the child above the financial obligations of the agencies or those organizations. Unfortunately, budget restrictions place a real hardship on many agencies which deal with children receiving special education.

This is especially a problem when a child is under the auspices of other agencies, such as Children and Youth Services or Juvenile Probation, who are also providing services, along with the school system.

Oftentimes, the child gets caught in the middle, as the school officials, and other agencies, decide who will be financially responsible. Many times, agencies are caught in regulations which stipulate that a service, such as residential placement, cannot be shared by a group of interested agencies, but must be shouldered by only one.

For instance, if a child receiving special education is also involved with the Juvenile Probation Department and the Mental Health Center, and the child needs a residential placement, it seems logical that all three agencies could split the costs or share the costs of services for the child, without putting a hardship on one agency.

In cases like this, where the ARC, Beaver, has been involved, the related agencies are unable to divide the cost, and the child is denied appropriate services because of this.

I'll relate a personal experience which demonstrates even another avenue for cooperation. In 1979, it was determined that my son, Stephen, needed short-term residential placement for diagnostic treatment and development of an intensified behavior management program. After it was determined that he needed these, I was told that the educational agency did not have the financial capability to pay for the very expensive residential placement, and it was, indeed, very expensive.

I, then, found out that my own medical insurance from my employer would pay for th.. placement. Since that time, I have found out that other private insurance companies will also cover such handicaps—handicapped children's needs, such as inpatient speech and physical therapy, braces, and other medically oriented treatments.

Unfortunately, we've also found out that some companies will not consider these as covered expenses. For those individuals, who have the insurance coverage, all areas should be explored to see if the insurance company could share the financial responsibilities.

I might point out, this is only one instance of where shared responsibility for financial purposes could be used.

A very important area of a child's educational needs are related services, such as speech therapy, audiology, counseling, physical

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therapy, and others. Though, as I mentioned before, the educational agency is ultimately responsible, there are often other organizations in the community that could offer assistance in the area of related services.

This includes the local mental health centers, Easter Seal Society, the ARC's, Association for the Blind, advocacy groups for the hearing impaired, spina bifida, and many more groups which are available to children and their parents. These groups provide many services, such as speech and hearing, physical therapy, psychological and counseling services, parent support groups, and even summer camps. Many of these services could be utilized as part of the related services for children in special education and their families.

In summary, communication between all related agencies is of utmost importance, as is keeping the child's best interest a prime concern. This is best done by including as many interested agencies in the IEP conference, and sharing responsibilities as much as possible.

This may include stretching the intent of the law to include the share of financial responsibilities for services. I believe that nothing is impossible if all avenues are explored with a shared spirit of cooperation in the best interest of our handicapped children.

Mr. MURPHY. Thank you very much, Mr. Sabella.

Mrs. Kost, you seemed to shed some light on indicating that the majority of our young people are not being educated in the least restrictive environment.

It's been our experience, in recent years, to find that this is really not so; that there are more children being mainstreamed, more children being placed into normal classroom and lunchroom situations. Am I being misled?

Ms. KOST. In this State, since about 1972, in the settling of the consent of the Park Suit—the Park Consent Agreement, there has been a distinct movement toward educating handicapped people in school rather than in institutions, as had been more predominant at that time.

I would just use the example of the mentally retarded students to, perhaps, clarify my testimony. In this area, in Allegheny County specifically, in 1978, a complaint was filed with the Federal Education for Handicapped Department, and it was based on the fact that in this area, at that time, all mentally retarded—almost all of the mentally retarded students were educated in segregated centers. And by that, I mean a day school program at a separate building, which only had handicapped at that school.

At that time, the complaint was investigated. Over a period of time, the State of Pennsylvania was asked to enforce its own State regulations, which called for education in the least restrictive environment or educational setting, and did start to do that in 1979.

At present, very few educably mentally retarded students are still in the segregated centers. However, we're still having—well, I guess an example would be, there are only 20 trainably mentally retarded—categorized as trainably mentally retarded students, who are being educated in a regular school in a special class, with some integration, and that's out of 42 school districts in Pittsburgh—I mean Allegheny County.

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So, we are making progress. Just using the one example of the mentally retarded students, in this particular area, we have a center concept. Beautiful buildings were built; planned, to house handicapped children. It was thought, at that time, that the protected situation was best. It was also thought that that would be economically feasible because all of the specialists would be housed in those buildings and the children brought to them.

However, time has shown that not only is it not the best way or the most appropriate way for most handicapped children, but it's expensive in transportation and in serving them, and it's certainly not the best for the children.

Does that clarify that?

Mr. MURPHY. I think it does.

Ms. KOST. I have seen your report——

Mr. MURPHY. Don't you see some need in some instances where there would be a separate facility for the handicapped youngsters, or for the mentally retarded individuals?

Ms. KOST. Yes; I would be the first to ask for a child to have the opportunity to have the most intensive services needed to remediate their handicapping condition.

However, I would not ever want to see a child educated in complete isolation from his nonhandicapped peers, and I think many states, Texas among them, from what I've heard, do provide situations where a building, four walls and a roof, can include handicapped children of the severest intensity, as well as students, perhaps, who are gifted students, who are, quote/unquote "normal" nonhandicapped.

I do not want to see any handicapped persons educated in complete isolation.

Mr. MURPHY. Thank you.

Mr. Goodson, how many young people do you have at Academy House total?

Mr. GOODSON. We have a capacity—well, first of all, our agency has a capacity for approximately 50 residential placements for both male, female, and also a teen/parent program for socially and emotionally disturbed——

Mr. MURPHY. So, Academy House is just one of the facilities.

Mr. GOODSON. Certainly. Academy House is one component of the agency, which has a capacity for eight male adolescents, between the ages of 13 and 18. We currently have seven males in our program.

Mr. MURPHY. And all seven are in the public school system at Mount Lebanon?

Mr. GOODSON. All seven are in either the middle or high schools in the Mount Lebanon School District.

Mr. MURPHY. What do you think would be the result of their educational and social development if you lacked this close cooperation that you apparently have with the school district there? If you were just sending them off, to walk to school, and——

Mr. GOODSON. At least in half of those cases, and that's being pretty conservative, they probably would not be in school.

Mr. MURPHY. Not go to school at all?

Mr. GOODSON. Or, at least, not in a public school setting.

Mr. MURPHY. Mr. Bartlett.

Mr. BARTLETT. Thank you, Mr. Chairman.

Mr. Goodson, how long has your program been in existence then; your house?

Mr. GOODSON. Academy House has been in existence in the Mount Lebanon community of Pittsburgh for the past decade. And during that time, many—almost all of our students are educated in the Mount Lebanon School District.

Mr. BARTLETT. I didn't understand completely. How is it funded? How are you funded?

Mr. GOODSON. We are funded by a combination of funding by some United Way funds; also, supported by the cost of—the residential cost of the kids in the program is funded by the department of children and youth services, in most cases.

Mr. BARTLETT. How long do you typically keep a child at the Academy House?

Mr. GOODSON. The placement varies, and it depends primarily on what the long-range treatment goal for the youngster is. If there is a viable family structure that this individual comes from, the goal, in the beginning of placement, is to have that person back home at a certain point. And those are generally the shorter term placements, where there are viable parental structures there.

In the case of young people where there are no viable parental structures, it is generally a longer term placement, and that placement could be anywhere from 1 to 3 years.

Mr. BARTLETT. And one other question. When you get the student up to the schoolhouse, do you generally encourage the school to make sure that the student has a firm sense of the parameters of the discipline; that is to say, do you encourage a very firm discipline at the school to give the student the guidance that he needs, or how do you cope with that? What do you counsel the school?

Mr. GOODSON. Well, we have such a close working relationship with the Mount Lebanon School District. We meet, on the minimum, of once a week, sometimes more, on an individual basis; agency personnel-teacher basis.

So, each of those are worked out differently. We encourage that our students in the school system be given the same structures, limitations, directives, confronted about behaviors, as any of the rest of the students, in and out of the special education or mainstream programmings of the school, and, you know, the blend, in terms of that process, works out very well.

Mr. BARTLETT. OK; I suppose my only comment is just that it sounds as if you have a very high success ratio for those students, and, of course, that makes it obvious that to only be able to serve seven students out of what must be a much larger total need must be somewhat frustrating.

Mr. GOODSON. Now, I don't think I quite understood.

Mr. BARTLETT. Well, you serve seven students at the Academy House? You currently have—is there a need for more? Do you have more requests, more agencies referring more students than that?

Mr. GOODSON. For requests for placements?

Mr. BARTLETT. For placement, yes.

Mr. GOODSON. Yes. We, generally, you know, maintain seven students, and that's the seven students that that population turns over. That's not a consistent all the way through, so that popula-

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tion turns over, so, yes; our referrals are pretty consistent and ongoing throughout the year and years.

Mr. BARTLETT. OK; Mr. Sabella, in thinking through your testimony, you're advocating, I suppose, what we're here to advocate, and that is increased communications in interagency communications and cooperation.

In your opinion, could the Pennsylvania intermediate unit system that's been discussed this morning, could that provide a mechanism for those shared-cost decisions that have to be made? Or is the mechanism just more of a sitting down and coming to a friendly agreement?

Mr. SABELLA. Well, in respect to a handicapped child being properly identified, and his educational placement being properly identified, the intermediate unit is certainly where all the activity begins.

The initiation of an IEP conference between the intermediate unit, as a provider of services, and the parent, and then gathering all the other interested parties who have direct input to that child's placement, then takes place from there.

The funding is, obviously, the burden of the intermediate unit. What we're finding more and more often—and it certainly is nothing new—but the lack of funding or the scarcity of funding, over the years, both in terms of Federal funds and State funds, has always been a problem.

You mentioned earlier about Public Law 94-142. The question was, What could we do to either improve on it or add to it or delete from it?

The comment was made a little earlier, we could probably have a whole other hearing on that issue alone.

But if we had to just make a one-shot comment on 94-142, we have a good law. It's not a perfect law, but we have a good law, but the implementation of all aspects of 94-142 require monitoring as well as anything else.

And we have two things that stand out: monitoring and funding. If we were able to implement all of the ideas 94-142, as it applies to each individual child, and the services that he can receive and the educational programs that would be made available to him, it all comes down to somebody watching to make sure the law is monitored properly and implemented properly, and to make sure that the money is there to provide the services.

Too often, we have found, over the years since 1975, that 94-142 mandates a lot and we're appreciative of that. We, as parents, and we, as advocates, are very appreciative of all the mandates that benefit our children. But the funds aren't always there to provide for those mandates.

The mechanism certainly is with the intermediate unit. That's where it all starts, and then that's where we all draw the resources for the child's educational placement.

But the resources will be nonexistent if the funds aren't there, and if there isn't, maybe, a different approach taken to sharing the financial responsibilities between those other agencies that would be involved with the child's education.

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Mr. BARTLETT. Where would you advocate the additional funds? What level of government should the additional funds come from? All, or the above, or single one?

Mr. SABELLA. I guess that's a pat way of saying it, yes; all of the above.

Certainly. Short of trying to say that more money should be provided by any one individual agency, such as the Department of Education, Pennsylvania Department of Education, or Federal funding, there's no one easy way to say who's going to provide more funds. More funds are needed. Certainly, more funds are needed so you can increase matching funds as well.

This also would require another hearing. When we start talking about funding from the various agencies for educational placements, we could get into hearing testimony regarding how local school districts must play a larger part, and a more important responsibility in terms of funding as well.

That's a whole other ball game, I guess, we could say here. But, yeah, certainly, funding from whatever levels that it's necessary to come from would solve a lot of problems; not all of them, but certainly solve a lot of problems.

Mr. BARTLETT. You mentioned matching funds, and I guess if either of the two would like to answer this also, as a general rule, do you find a matching requirement from the Federal Government to be helpful, or harmful, or would you generalize?

Mr. SABELLA. As opposed to just——

Mr. BARTLETT. As opposed to 100 percent funding by the Federal Government.

Mr. SABELLA. Certainly, it's—well, I would have to say the matching program, as it exists now, is better than 100 percent funding. Offhand, I would have to say it that way. Certainly, the responsibility the States have in providing education, in providing the funds for that education are primary here.

Mr. BARTLETT. OK. Ms. Kost, you mentioned, in your testimony, that—I suppose it was somewhat bothersome, obviously, to those of us who hear it, and that is that the utilization of hearing officers as mediators prior to a due process hearing seldom occurs.

Ms. KOST. That's correct.

Mr. BARTLETT. I wonder if you could tell us why that is. Is that the objection of the school district, or the objection of the parents, or why is that?

Ms. KOST. The hearing procedures are delineated by the State. The hearing officers are chosen and trained by the state. In practice, there just does not seem to be an attempt to utilize the hearing officer as anyone but a judge; a person who hears the school district's and the intermediate unit's position, hears the parents' position, and then makes a decision.

My own feeling is that it's a very agonizing system, very difficult for both school districts and parents, expensive, and if our State would, in some way, encourage their hearing officers to serve as mediators prior to the due process hearings, I think we could avoid a lot of them, and if it had to come to that extent, then, of course, it could do that. But it would eliminate the formality. I think it would tend to keep the child's needs and the need for a proper individual education program for that particular child in mind.

Too often, it becomes a contest between attorneys, who are trying to convince a hearing officer, or between adults, professionals, teachers, and parents, and the child's interests get, I'm afraid, kind of lost in the shuffle.

Mr. BARTLETT. The adversaries are each trying to win the case, but the child loses, is that what you're saying?

Ms. KOST. I believe that's what it begins to be, once it gets into the claws of a legal, formal setting, and, that is, mediation, I think, would be a help.

Mr. BARTLETT. In your opinion, as a long-time participant in this area, if parents and school districts were given the opportunity to use hearing officers as mediators, and that—you know, the stipulation would be it would have to be a binding mediation, because, otherwise, you'd just be adding another step instead of deleting a step. One side could—the side that lost could then require a due process hearing.

If parents and school districts were given the option of using a hearing officer, not in the due process sense, but as a binding mediator, would they typically accept that option, or would——

Ms. KOST. Most parents I have known would, and I believe my school districts would.

Mr. BARTLETT. You believe parents would?

Ms. KOST. Yes, indeed.

Mr. BARTLETT. And school districts?

Ms. KOST. I would believe so, yes. I believe school districts, right now, need help in accepting their basic responsibility for special education students. It's only been since 1980 that all the regulations of 94-142 have really been in place. So, we're looking at a law that's really in its infancy and has been beautiful, even in the short time that it's been in existence.

But it's the interpretation by Pennsylvania of the due process procedures that I think leads to a lot of grief. There's a prehearing conference, which would be held ordinarily before the formal hearing. Many times, that can be used as a situation where, informally, an advocate, or a parent, who is able to present their child's needs, can use that to mediate.

But the State now has promulgated the regulation that either the school district or the parents can refuse to have the prehearing conference, and go directly into the due process hearing. And, of course, that means you're going into the more expensive, the more quasi-legal, and it's legal in the sense that the hearing officer's decision is binding, unless you go through a lot of appeals and then quite——

Mr. BARTLETT. What percentage of the time is that preconference hearing dispensed with?

Ms. KOST. I would only be able to speak in regard to that just from this area. And in Allegheny County, and in Pittsburgh, most parents wish to have the opportunity to go into a prehearing conference where it's a little bit more formal and you should have evaluations to use to present your side of the picture in regard to the child. And most parents would not pass that opportunity up, in the hopes——

Mr. BARTLETT. Do school districts pass up the opportunity?

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Ms. Kost. I would say no. More commonly, they use it, too, because I do see that as time goes on, parents and school districts are more often working in the child's best interest together.

Mr. Bartlett. One other question, and that is, you mentioned the parent-to-parent, 2-year—the 2-year grant, the training project called Parent-to-Parent. How many parents were involved? What was the total cost? And will that program then be funded with local funds and picked up by local funds when it expires?

Ms Kost. My hope is that it will go on after this year, but this is the formal conclusion. The end of this coming month will be the end of this grant. Our hope is that the parents who have been trained will be going on and training other parents. But there will not be a formal parent-to-parent project, unless—and I believe, they've applied for another grant—they receive another grant and continue it.

It was a good beginning, and I think it certainly holds possibilities for the future, but we really don't have much in the way of formal parent training in this State. We have been very dependent, and it's been very good to have the regional resource centers, again, federally funded and supported regional resource centers, to give information to parents who knew to ask for it from them.

Also, a closer look, it's name's been changed now, but it has been a very good vehicle for parents educating themselves.

Mr Bartlett. But there's no application for any sort of a local or a State grant to pick up the funding?

Ms. Kost There are ongoing applications for the grants that you have each year, and I'm sure that many people have applied for them. I have, with the Association for Retarded Citizens also, because parent education is a great concern of ours, and we can only reach a certain number of parents in our area.

So, yes, there are people applying for those grants and will continue to do that.

Mr Bartlett. Your testimony and the testimony of this panel and the other two panels have been an educational experience for me, and I appreciate the chance to be in Pennsylvania and to learn something.

Thank you.

Mr. Murphy. Thank you.

Mr Bartlett, I want to state that the request that our subcommittee has made to the Budget Committee is for an additional $200 million for implementation of 94-142, and if the Budget Committee sees our wisdom, we will, at least, keep pace with inflation during the coming budgetary year.

The Department of Education gave us an interesting statistic that they expect 66,000 more handicapped youngsters to enter into the system, and that's a tremendous burden and will probably take care of most of the $200 million, if we're granted it.

I want to state that for all of you who participated the thanks of our subcommittee. We will be leaving the record of this hearing open for 3 weeks from today to give an opportunity for any of you, who would like to submit written testimony, merely mail it to us. You can get the address from any one of the staff people who are here, or Mr. Bartlett or myself.

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We will, of course, study your remarks and include it in as part of the record, and we will be willing to supply a copy of this record to anyone who requests it from us.

Again, thank all of you very much, the spectators and the participants. This has been a learning experience for us.

Thank you.

[Whereupon, at 12:10 p.m., the hearing was closed.]

[Material submitted for inclusion in the record follows:]

PREPARED STATEMENT OF ELMER W. GOODSON, COORDINATOR OF ACADEMY HOUSE, THREE RIVERS YOUTH, PITTSBURGH, PA

My name is Elmer W. Goodson, Coordinator of Academy House. Academy House is a component of Three Rivers Youth which provides residential, day treatment, and partial hospitalization for high-risk youths between 13 and 18 years of age. The youth served by Three Rivers have been determined dependent neglected by the courts and placed under our supervision by the Department of Children and Youth Services. Needless to say, those young people come into placement burdened with severe social and emotional problems. We as an agency are committed to providing a support system for those children of our society who most often have no other viable alternative. They very often come into placement with hostility but not understanding it; with anger, but not knowing with whom; afraid, but afraid to say so. The responsibility of providing for the specialized social, emotional, and educational needfs of these children is shared by agencies such as ours and the school district. The success or failure of this mandate largely depends on the ability of the schools and agencies to work cooperatively and productively in the best interest of each student as an individual with specialized needs.

Allow me this opportunity to express my appreciation for the opportunity to share with you some of my professional experiences and observations regarding interagency cooperation.

Academy House is located in the Mount Lebanon section of Pittsburgh and has received educational and vocational services from the Mount Lebanon School District for the past 10 years. We currently have seven students enrolled at the middle and high school levels. All of these students are being educated with varying degrees of specialized programming. The Mount Lebanon School District is clearly committed to planning, developing, and monitoring an educational plan for each student that commands maximum utilization of the schools resources. It also provides each student an environment that enhances social and emotional growth and projects a sharing and caring attitude toward the students and agencies providing care for the youngsters.

Cooperative planning begins oftentimes before the student arrives in placement. Three Rivers personnel, school representatives, including a consulting psychiatrist and Regional Support Center staff are actively involved in transitional planning and research on previous educational placements, psychological and psychiatric data. From this point weekly planning sessions attended by a blend of agency caretakers, special education teachers and school administrators is held. The purpose of these weekly meetings is to monitor student progress, address problem areas and make programmatic adjustment with the goal being to provide a foundation for each student to build upon. It is not at all unusual for a teacher, counselor, or an administrative person to drop by Academy House to introduce themselves to a new resident. This type of involvement, without question, has an impact on a student that is experiencing the anxieties produced by going into a new community.

At this point I would like to present some data that clearly supports this approach to providing appropriate educational programming for this population of the Mount Lebanon School District.

Approximately 80 percent of the residents presently in Academy House and enrolled in the school district had previous histories of truancy, absenteeism, and basic school resistance. Problems in these areas obviously contributed to their academic deficiencies and negative attitudes towards school upon entry into the agency and school. Therefore, the collective focus of the agency's and schools have been towards impacting these areas. Attached to this testimony is a copy of Three Rivers Youth's educational printout for the month of February, 1984. The printout reflects the school attendance percentage for each of our agency's five program components for each student enrolled in a public or approved private schools. Notice first the overall agency percentage circled at the bottom of the chart; 92 percent school attend-

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ance for a high risk population of adolescents is reflective of our agency's commitment to the educational process of the youth under our supervision. Finally, I call your attention to the figure circled at the top of the chart which represents the attendance percentage of the residents at Academy House attending school in the Mount Lebanon District; 96 percent attendance represents a clear example of the result of a cooperative effort from agencies and the local school district. It is my feeling that the Mount Lebanon School District could well serve as a model for other districts for developing and maintaining a cooperative and productive approach to specialized education. The success of this approach has not come about without hard work and sacrifice on the part of agencies and schools like. The task of educating children with these specialized needs is difficult, but possible. Hopefully, I have presented testimony that supports our collective interest in being here today.

The following recommendations represent areas in which both the school district and agencies providing care for these youth need funding assistance, resources, and support in order to maintain a quality education for these students.

(1) Through collective programming and utilization of resources begin to impact a segment of the special education population that very well may have been overlooked. That is, those students in the special education population who live at home, but are experiencing difficulties at home and in school. At this point, the burden of dealing with the student and family emotional problems falls on the school. These students and their families could often benefit from many services currently being provided by agencies working with institutionalized high risk youth, for example, individual counseling, peer groups, crisis intervention and family counseling.

(2) Both the school systems and agencies need additional resources that would increase the options for these students such as an alternative education program, in school suspension, and work readiness programs.

(3) A vehicle for collaboration between agency staff and schools is vital. Working cooperatively provides a platform for each understanding the others resources, capabilities, regulations and limitations.

Thank you very much for the opportunity to share my thoughts and experiences with you.

MONTHLY SCHOOL ATTENDANCE REPORT - FEBRUARY

Name and days attended	Days expected	Percent attendance	Previous month	Increase	100 percent	80 percent
Academy						
19	20	95	100	0	0	1
17	20	85	94	0	0	1
20	20	100	100	0	1	1
[illegible]	20	100	100	0	1	1
20	20	100	95	1	1	1
17	18	94	89	1	0	1
6	6	100		1	1	1
		0		0	0	0
House total [illegible]	174	96	90	1	0	1
Brighton						
15	20	75	84	0	0	0
17	20	85	84	1	0	1
16	20	80	95	0	0	1
19	20	95	100	0	0	1
House total [illegible]	80	84	75	1	0	1
AFI						
16	17	94	95	0	0	1
18	19	95	100	0	0	1
0		0		0	0	0
[illegible]		0		0	0	0
[illegible]		0		0	0	0
[illegible]		0		0	0	0
[illegible]		0		0	0	0
[illegible]		0		0	0	0

MONTHLY SCHOOL ATTENDANCE REPORT—FEBRUARY—Continued

Name and days attended	Days expected	Percent attendance	Previous month	Increase	100 percent	90 percent
House total 34	35	94	89	1	0	1
Mcmurray						
11	12	92	95	0	0	1
19	19	100	95	1	1	1
17	18	94	100	0	0	1
7	11	64		1	0	0
6	7	86		1	0	1
10	10	100		1	1	1
0		0		0	0	0
[illegible]		0		0	0	0
House total 70	77	91	92	0	0	1
ITU 20	20	100	100	0	1	1
20	20	100	100	0	1	1
Agency total 310	337	92	94	0		

Prepared Statement of Linda Yelanich, Representative, Open Doors for the Handicapped, Washington, PA

I am presenting written testimony for the Congressional Hearing on Interagency Cooperation in Special Education as a representative of Open Doors for the Handicapped of Washington, Pennsylvania.

My personal interest in this issue is based upon my own disability and its affects on my education, my teaching career of 14 years, as well as my participation on Boards that deal with special needs children. All of this background puts me in a direct position to view the entire spectrum of the educational process for the special needs child from the very beginning of identifying the problem, to referring the child, classifying the child, placement for services and, finally, evaluation of results.

Because of today's emphasis on the concept of mainstreaming in conjunction with the special services a child needs, the total educational program now becomes dependent upon the communication, cooperation and coordination of the team of professionals involved. In the past, communication delays and poor services have resulted because no one knew which agency was responsible. This problem now seems to be alleviated with the formation of the Intermediate Units. These Units have provided to each district a group of professionals specifically trained to meet the various needs of special education.

As a classroom teacher, I have seen and have been involved in the teams coordinated by the Intermediate Unit to provide services to the special needs child. I have also seen the effective use of Agency services from Easter Seals for speech, Head Start for pre-school, Mental Health Clinics for counseling, Project Outreach for librarian services and the Drug and Alcohol Agencies for guidance, for essential programs along with those provided by the school district and the Intermediate Unit. The effectiveness of such a special educational program made of so many different components is dependent upon the coordination of the Intermediate Unit.

The school districts are not prepared to coordinate independently special education programs for any disabled child that has the right (as provided by 94–142) to attend the public school. The administrators, teachers and other school personnel are not trained to understand and provide for such disabilities as cerebral palsy, muscular dystrophy, multiple sclerosis, spina bifida and retardation. Also, the school district cannot bear this responsibility because these professionals are not aware of the services provided by community agencies and they are not informed of the rights of the disabled child as provided by 94–142 and Section 504. Again, I must state that only the Intermediate units can coordinate the programs between agencies and the school districts.

Problems still exist though. Two occurred in my own school district this year. One problem involves a first grader with nuscular dystrophy who is in an inaccessible building. No other placement within the district seemed feasible. Nothing was accomplished until the I.U. was contacted in December. With the I.U.'s recommenda-

tions, in March an aide was finally hired. If the I.U. had been contacted earlier, special services could have been provided to this boy earlier.

Another situation involves an eight grader with muscular dystrophy placed in a 12 year old inaccessible middle school. When the boy fell out of his wheelchair as he was carried up the stairs, the district took action to make the building accessible. Now, three wheelchair lifts are being installed. He receives adaptive physical educaton and accessible transportaton each day. It was very commendable of my school district to at last, take the first step in making our buildings accessible. The costs are enormous. Three wheelchair lifts—$25,000, an aide—thousands and transportation—thousands. The placements were unsafe and not the least restrictive; now they are accommodating.

There are several recommendations that I feel would improve interagency cooperation so that complete educational programs can be offered to special needs children without delay of services and burdensome costs to the school district.

(1) *State.*—provide specific grant monies to school districts making accessible accommodations over $15,000. This would encourage the districts to comply with the laws and ensure safety.

(2) The I.U.'s role with the school districts should be increased along with the Developmental Disability Advocacy Network. Both agencies should provide at least one in-service program to teachers and administrators in their districts to educate them on laws. disabilities, special education programs and mainstreaming.

(3) The Intermediate Unit shall remain as coordinators of special education programs.

(4) A yearly seminar day set aside for the I.U. professionals and agency representatiivs to exchange information.

Prepared Statement of Joan Kost, Director, Educational Advocacy, ARC Allegheny, Pittsburgh, PA

Mr. Murphy and members of the subcommittee, my name is Joan Kost. I am a certified elementary teacher, currently serving as Director of Educational Advocacy for the Association for Retarded Citizens of Allegheny County.

My son, Erich, is severely hearing impaired. He spoke to your subcommittee in 1982, when you convened hearings which helped derail the propdsed deregulation of Public Law 94-142. Erich is now attending the National Technical Institute for the Deaf, majoring in accounting and doing very well. He will soon be a self-sufficient, tax-paying citizen. Erich is a product of early education secured by his parents, and free appropriate public education provided by our local education agency (Peter's Township School District) contracting with Allegheny and Washington County Intermediate Units. I am sure our son's steady progress in his education is due to the mandates and supplemental funding of Public Law 94-142.

Over a period of ten years, I have worked almost daily as an educational advocate helping parents seeking a free and appropriate education for their handicapped children. During that time, Public Law 94-142, its mandates and its funding, has helped make improvements in interagency cooperation. Some of the positive effects I have seen are:

Agencies representing single handicapping conditions have learned to work together to protect and improve special education. We have learned that the children we represent are more alike than different. Agencies such as the Association for Retarded Citizens, United Cerebral Palsy, and others share information and take part in workshops on parent education and other subjects. Since 1980, we have recognized the value of unity in protecting our children's right to education and are maintaining coalitions to keep ourselves informed.

Advances have been made in cooperative action by state and local education agencies and parents in helping parents learn more about special education. A recent two year Parent To Parent training project, funded by a Federal grant, has established a state-wide network of parent trainers to teach other parents. The grant was secured and delivered through the cooperative efforts of parents and the PA Department of Education. We hope this is the beginning of more attention to the need for parent education in this state.

Difficulties emerge as transportation and other costs increase, and funding decreases, and agencies are frequently forced to cut back services. If Federal or State standards which define agencies' responsibilities for related services were established and Federal funding were adequately maintained, there could be a more equitable distribution of responsibility among agencies. One example of this problem is the area of preschool education. Our state department of welfare funds a multitude

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of preschool programs which are partially supplemented by Federal dollars and operated by private providers under contract to county mental health/mental retardation offices. The Department of Education serves near-school age preschool handicapped students through Federal funding, which also must be used for mandated school programs. Since preschool education is not mandated in our state, existing programs only serve about half of the students needing them. The state director of education recently testified our present system has been effective in respect to interagency cooperation in serving a wide variety of handicapping conditions, but we cannot assure comprehensive services to all students needing them. We parents and advocates hope that the extension of the discretionary programs recently passed by Congress will be accompanied by adequate funding to help states like ours decide to mandate and fund preschool programs.

During the past ten years I have seen some heart-warming examples of school districts and special education units working together to provide educational programs which are apppropriate and in the least restrictive setting possible for a student. I have seen special education teachers working effectively with children in special classes and serving as liaisons between their students and regular education teachers with whom they are integrated. Unforunately, in this state, we find interagency cooperation strongest when education agencies unite to maintain handicapped students in segregated centers for both academic and vocational education. Lack of adequate funding and the student's need for the "protection" of an isolated setting are frequent reasons school districts give for ignoring the mandates of both state and federal law. Parents who desire the more normal setting of even a special class in a regular school have little recourse. In Pennsylvania when negotiations fail, due process hearings are required. Parents must pay for attorneys in these hearings, while attorneys for the local education agencies are paid for by public funds. Utilization of hearing officers as mediators prior to hearings seldom occurs.

State speical education plans are being written which, at least on paper, commit the state education agency to compliance with the regulations of Public Law 94-142. Yet, only a small number of P.D.E. Regional Reviewers are available to pursue complaints from the entire state. Under state legislation, school age students adjudicated as neglected, abused or delinquent, frequently receive all their education in the institutions in which they are placed. Pennsylvania's Act 30 does not permit monitoring of these educational programs by the State Department of Education, so that many handicapped as well as non-handicapped students may be denied their right to an appropriate education simply by their change in status to adjudicated.

The Federal office of s ecial education and the office of civil rights seem increasingly limited to paper reviews. Adequate funding and monitoring by Federal and State agencies, active intervention and even punitive action would help reduce the obstacles which delay the educational progress of many handicapped students.

We look to you to continue your worthy efforts to preserve and strengthen Public Law 94 142.

PREPARED STATEMENT OF JOE SABELLA, PARENT, NEW BRIGHTON, PA

My name is Joe Sabella. I am speaking to you today as a representative and volunteer of ARC, Beaver; as a member of Beaver County's MH/MR Advisory Board and more importantly as a parent of a handicapped school age child. I am pleased to be able to testify today and I thank Congressman Murphy for giving me this opportunity. The ARC and other advocacy groups have always appreciated your support of issues dealing with the education of handicapped children.

My son, Stephen, is 13 years old and attends New Horizon School in Beaver County. He is multi-handicapped, non-verbal, myopic and his educational placement is in a trainable mentally retarded classroom. I am actively involved in all aspects of Stephen's educational program and my wife and I have been involved since Stephen started school.

I am past president of the Association for Retarded Citizens, Beaver County Chapter and a present board member and Chairman of ARC, Beaver's Education Committee. The Education Committee has been deeply involved with the many aspects of education for the handicapped, including Federal and State laws and regulations dealing with the issue.

Interagency cooperation in special education is and should be a long term and continuous goal of all advocates of people who are mentally retarded and receive special education. Many different agencies and organizations play a vital role in all aspects of the lives of school age handicapped children. I have seen the need for interagency cooperation often during my son's involvement with special education.

I believe (as does ARC, Beaver) that, as the law mandates, the educational agency is ultimately responsible for all components of an Individual Education Program (I.E.P.) for each child in special education. Cooperation between other agencies which would benefit each specific child is definitely an added plus. The best way to promote cooperation is the inclusion of all related agencies in the I.E.P. conference attended by the parents. This could include an invitation of the Community Mental Health Center caseworker, a representative of a local advocacy group like the ARC and any other agency that might be involved with the child and providing services, like Children and Youth Services, etc. Making sure that all organizations realize the services which are required for a child is one way to initiate cooperation and open communications at I.E.P. conferences is the key to discussions that can address the sharing of responsibility.

One of the obstacles to interagency cooperation often is the inability to place the educational needs of the child above the financial obligations of the agencies or organizations. Unfortunately, budget restrictions are placing a real hardship on many agencies who deal with children receiving special education. This is especially a problem when a child is under the auspices of other agencies like Children and Youth Services or Juvenile Probation, who are providing services along with the school system. Often times the child gets caught in the middle as the school officials and the other agencies decide who will be financially responsible. Many times agencies are caught in regulations which stipulate that a service such as residential placement cannot be shared by a group of interested agencies but must be shouldered by only one. For instance if a child receiving special education is also involved with the Juvenile Probation Department and the Mental Health Center and the child needs a residential placement, it seems logical to me that all three agencies could split the cost of the services for the child without putting a hardship on one organization. In cases like this, where the ARC, Beaver has been involved, the related agencies are unable to divide the cost and the child is denied appropriate services because of this.

I will relate a personal experience which demonstrates even another avenue for cooperation in 1979. It was determined that my son, Stephen, needed short term residential placement for diagnostic treatment and the development of an intensified behavior management program. After this determination, I was told that the education agency did not have the financial capability to pay for the very expensive residential placement. I then found out that my medical insurance would pay for the placement. Since that time, I have found out that some private insurance companies will also cover such handicapped children's needs as inpatient speech and physical therapy, braces, and other medically oriented treatments. Unfortunately, I have also found out that some companies will not consider these covered expenses. For those individuals who do have insurance coverage, all areas should be explored to see if the insurance company could share the financial responsibility.

A very important area of a child's educational needs are related services such as speech therapy, audiology, counseling, physical therapy, etc. Though, as I mentioned before, the educational agency is ultimately responsible, there are often other organizations in the community that could offer assistance in the area of related services. This includes the local Mental Health Center, Easter Seal Society, Association for Retarded Citizens, the Association for the Blind, advocacy groups for hearing impaired, Spina Bifida Societies, and many more groups which are available to children and their parents. These groups provide many services such as: speech and hearing programs, physical therapy programs, psychological and counseling services, parent support groups and summer camps. Many of these services could be utilized as part of related services for children in special education and their families.

In summary, Communication between all related agencies is of utmost importance as is keeping the child's best interest as a prime concern. This is best done by including as many interested agencies in the I.E.P. conference and sharing responsibilities as much as possible. This may include stretching the intent of the law to include the shared financial responsibilities for services. I believe that nothing is impossible if all avenues are explored with a shared spirit of cooperation in the best interest of our handicapped children.

CENTERVILLE CLINICS, INC.,
Fredericktown, PA, March 8, 1984.

Mr. Chairman, committee members, panel members, guests: Across the span of eighteen years as a Community Mental Health administrator, and during a fifteen year tenure as a University professor, I have had numerous practical and theoretical opportunities to encounter the issues of concern to this committee. My experi-

ences during two decades of professional practice helps me to realize that we live in a time when traditional ways of intervening to help people solve problems are being reexamined. Fortunately, this process is occuring in many social agencies as well as in some university settings. This is in spite of the fact that some administrators in mental health and education continue to focus upon traditional interventive approaches. The history of social interventive methods has been characterized by a continuing search for more effective helping techniques. The fragmentary and frequently redundant efforts of the past are being interred by the demand to allocate scarce resources in a cost-effective fashion. We have, in short, entered a new phase in our socio-political development. Economic expansion has given way to a series of protracted recessions. The political climate is far more conservative. There is less government funding for education, mental health, and related sevices. Consequently, administrators and providers of services in such organizations must come to recognize that their ability to remain viable and cost-effective in such a climate demands cooperation between agencies and is leading us to an abandonment of parochial interests. The : ission of this committee, therefore, converges with some changes that are occuring in education and mental health.

One aspect of my personal experiences of this nature over the past three years has involved the integration of services offered by school districts with those offered by community mental health agencies. School districts have been confronted with the dilemma providing mandated educational services to youngsters whose individual needs do not lend themselves to the attainment of these goals in the traditional classroom setting; mental health agencies have been directed to reduce the incidence of referrals for residential care. The public school system does not possess the resources of a mental health staff. Their mission is the education of the youngster. The community mental health system does not possess the resources of an educational component. The youngster's need, meanwhile, may concomitantly demand the service from each area. Traditionally, this problem was resolved in terms of two alternatives; place the child in an institution; or, if possible, have the child receive services from mental health agencies on an out-patient basis while continuing to attend traditional school programs. The former is exorbitant in terms of cost except in the most severe instance; the latter is ineffective if the child's need is such that he requires more than a few hours per week of clinical services from a social worker, psychologist, or psychiatrist. Integration of educational, mental health, and custodial services could only be found in a residential setting. Consequently, a significant number of youngsters who did not require such intensive involvement were institutionalized at an expense frequently in excess of $35,000 per youngster per year.

In theory, the solution to this problem was relatively simple; place the youngster in an existing partial hospitalization program—a program which operates five days a week, six hours a day—and establish an educational component in that program. In practice, the marriage of the bureaucracies of mental health with the bureaucracies of public education posed formidable obstacles. The school district would be required to place and remunerate one or more teachers in such a setting, provide transportation to and from as many as ten separate school facilities, arrange for hot lunches to be available at appropriate times, and, most importantly, to develop a sense of acceptance within the student's family and community. The mental health agency, on the other hand, was required to secure appropriate facilities, staff the facility with social workers, psychologists, and psychiatrists, develop skills within the staff to integrate their professional interests with those of the in-house educator, establish linkages with individual school districts for reciprocal information, and, most importantly, work with individual families to accept the reality that while public education is expense free to the family, community mental health services are available to families based upon their ability to pay for such services.

The problems for interagency cooperation in this instance was monumental. Mental health professionals as well as educators are trained as specialists. The social worker, psychologist, psychiatrist, and educator view the individual in terms of their particular discipline's focus. In the usual circumstance, the educator assumes that the student is mentally healthy and that the delivery of educational services should be essentially similar from individual to individual. If adjustments are required, they are generally dictated on the basis of differences in intellectual abilities. The mental health specialist, on the other hand, usually views the "patient" or "client" on the basis that specialized individual needs dictate the nature of the intervention. For these professionals to jointly view the individual in terms of a student, patient, family member, part of a peer group, and similar types of relationships required them to adopt a generalist orientation; an orientation that is often

espoused by each of the professionals cited, but one that is seldom integrated into practice.

In 1978, we established one such program with four youngsters. We had a staff of three mental health professionals and one educator. In 1984, we have five such programs operating five days a week, six hours a day located in Green, Washington, Westmoreland countries. We have nineteen mental health specialists, seven educators, and serve in excess of ninety students per week. The per pupil cost is less than $40.00 per day in excess of that which would be expended if the child was in a regular school setting. Certainly this is a saving of approximately $25,000 per year year compared to the costs for in-patient care.

We do not, of course, imply that all such youngsters could be removed from institutional care. Our experience, that is Centerville Clinic's Mental Health/Mental Retardation Program, Intermediate Unit #1, and Intermediate Unit #7, is such that it reveals to us that programs of this nature can adequately serve those youngsters who find traditional services inadequate.

The construction of this project retrospectively reveals that six basic skills were employed to bring us to this point in time. These are: (1) Skills in communicating; (2) assessment; (3) relating to others; (4) planning; (5) carrying out plans; and (6) evaluating oneself and one's plans and activities.

The elucidation of these skills are contained in the written testimony submitted to this committee.

These skills became mandatory for each segment when the educational and mental health components to this project recognized they were functioning within seperate bureaucratic structures but the respective bureaucracies differed in terms of patterns of formal organization. The educational system was organized upon the lines of: (1) high degree of specialization; (2) hierachical authority structure and specified areas of command and responsibility; (3) differentiation of personal and official resources. Given these characteristics, such an organization has several advantages; efficiency in the performance of such tasks in set ways by trained individuals; predictable behavior; behavior that stresses competence more than feelings; and the possibility of rapid goal attainment given the trained personnel and routinized activity. In contrast to the educational bureaucracy, the mental health/mental retardation bureaucracy possess the following characteristics: (1) professional autonomy; (2) fluid delivery of services in a non-routinized fashion; and (3) a belief in the individual professional self-regulation. The advantage of this approach is that each therapist's undertaking with each individual can be a relatively new activity.

To achieve the present status of our five partial programs required mental health personnel to become more educationally oriented and for educational personnel to develop some mental health competencies. These goals, in turn, were achieved in terms of the six skills cited above.

WILLIAM A. BOLOSKY, Ph.D.,
Licensed Psychologist, Executive Director MH/MR.

PREPARED STATEMENT OF ALLAN W. BLACKA, SUPERINTENDENT OF SCHOOLS, MOUNT LEBANON SCHOOL DISTRICT, PITTSBURGH, PA

My name is Allan W. Blacka, Superintendent of the Mount Lebanon School District in Pittsburgh, Pennsylvania. It is a pleasure to have been invited to speak on cooperation between the school and local agencies. The majority of my remarks will focus on the cooperation that has been engendered between the Mount Lebanon Schools and local agencies. In concluding this testimony I will present some recommendations to insure that this process continues to be fostered.

For the past decade and a half the Mount Lebanon School District has annually provided an appropriate education for approximately 60 junior and senior high school aged students who reside in our community institutions. These students, who are placed into these institutions by Child Welfare or the courts, are largely classified as dependent and neglected with a small percentage of adjudicated delinquents. Eighty percent of these students are from other areas in Allegheny County, 15 percent are from neighboring counties and 5 percent are out-of-state students. The institutions within Mount Lebanon include Robert Boyd Ward Home for Children, Three Rivers Youth, Friends Indeed, and several community living arrangements, one of which is operated by a local mental health and mental retardation center. Approximately 90 percent of these institutionalized students, who had been or were identified immediatley upon entering our schools as educably mentally handicapped, socially and emotionally distrubed, learning disabled, or multi-handicapped, represent one-fifth of Mount Lebanon's identified secondary handicapped student population.

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Upon entering our schools, those students identified as handicapped are provided special education services that do not exlude them from some mainstream education. Their special education programs are designed to enhance the development of their academic and social competencies, increase their feelings of personal adequacy, and develop their life skills. Since the Mount Lebanon School District is unable to provide all necessary educational services for these students, it is necessary to rely upon purchased services from an area vocational school, an Intermediate Unit Center Vocational Program and the Intermediate Unit Regional Support Center, which assists the school in program placements and provides short-term educational programs.

Mount Lebanon School District has had success in educating these institutionalized students. Nearly 100 percent of these students graduate. A research study on former Ward Home residents clearly indicated their beliefs that Mount Lebanon High School had a very positive impact on their development. A follow-up of these graduates has shown that 75 percent have become contributing members to society through enrollment in institutions of advanced learning, membership in the armed forced, or some type of gainful employment.

Mount Lebanon's success in educating these students is dependent upon two factors: First, these students are instructed and aided by a caring and supporting staff. Their instruction, and particularly the support which they require, take on time-and-effort dimensions of enormous proprtions when viewed on a relative scale with instruction and support programs for the other students. Not only do these students profit from a low teacher/pupil ratio, but the regular and special educator have supportive staff members available to assist them, including psychologists, speech therapists, specialized remedial teachers, teacher aides, a social worker, and a consulting psychiatrist. Additionally, much time and considerable funds are expended in staff development to assure that staff members are aware of the latest research-based strategies and instructional innovations. Second, success is assured through cooperation and ongoing interaction between the school's staff and the agency's staff. Since the inception of these special education programs, the District has scheduled special education consultation sessions twice a month with agency personnel in an attempt to ease the student's transition, monitor the student's progress, and make needed adaptations to his/her educational program. This meeting, which is formally chaired by a District administrator, is attended by building principals, special education teachers, the District's social worker, and the consulting psychiatrist. When appropriate, the school psychologist, counselor, and any regular education teachers, who may have an impact on the student being discussed, may also join the meeting. Agency representatives include the student's home counselor as well as the Director of Education and Social Work. Since many students periodically receive special assistance from the Intermediate Unit Regional Support Center, the director of this program also attends. Meetings focus on planning a program for a newly enrolled student or agenda items previously submitted by the participants. Minutes of these sessions are recorded as a means of following up on suggested strategies and are used as the basis for further discussion.

As a result of these meetings, both the school and the agency have come to realize that each possesses a specific body of expertise which, when combined, can develop creative solutions to the most difficult of educational problems. A ripple effect has been created which has enabled the agency and school alike to feel comfortable in working with each other as well as to trust and cooperate with each other and, thereby, serving the student's best interests. Additionally, through this team effort, students have come to realize that adults in their environment will take the time to focus on them as individuals and assist them to work through their problems. Students are able to see firsthand that problems can be solved through open and candid communication without the need for creating adversarial relationships. Using this model we have constructively worked with our students eliminating the need for cumbersome, precedent-setting and costly due process hearings.

The school's primary objective is to build appropriate cognitive and vocational skills with the assistance of local intermediate units and vocational technical schools. Due to its primary position in students' lives, however, it has become the institution to work with agencies in helping to deal with students' affective needs as well. Although the school is not, and cannot become, primarily responsible for treating these affective disorders, it can serve as a basic source of assistance to agencies who are responsible for the welfare of these students.

The Mount Lebanon School District has had outstanding success with interagency cooperation. We believe that it is crucial that this relationship between the school and the agencies continues to be fostered, nurtured, and enhanced.

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Several concerns to insure continuing success and bypass the obstacles have been raised. I will phrase these concerns in terms of recommendations. First, it has been established that the cost of educating these institutionalized students is significantly higher than the cos' of educating a typical special education child. Public Law 89-313 funds, which follow the child and provide needed financial assistance to the educating institution, have greatly aided districts such as our own in paying these excess costs. Pennsylvania legislation (Senate Bill No. 1226) recently introduced by Senator D. Michael Fisher in the Pennsylvania Senate would, if passed, contribute to ease significantly the burden incurred by local districts. Second, increased federal government support to state and county agencies is needed. Second, increased federal government support to state and county agencies is needed. This support could be used to provide more time at the initial stage of the placement to obtain the best type of setting to meet a child's needs. This would reduce the number of student transfers between agencies, and provide a more consistent education program for the child. A third concern would be to provide time for districts to research the youngster's background before being required to find an appropriate program. Districts need this critical time before beginning to lay the foundation of the child's future educational development. And finally, ways must be found to increase federal funding for diagnostic psychological and diagnostic psychiatric services that help us to determine ways in which these youngsters can be helped the most.

Can Mount Lebanon's interagency cooperation program be continued? Yes, but we are stretched to the breaking point. We are looking to you for (1) your help with the additional instruction costs associated with these students, (2) your financial support for the agencies who provide primary care for these young people, and (3) your funding for the necessary diagnostic services.

Thank you for this opportunity to describe our interagency program. It is my privilege to present to you our recommendations for ways in which you can help us.

PENNSYLVANIA FEDERATION,
COUNCIL FOR EXCEPTIONAL CHILDREN,
March 23, 1984.

COMMITTEE ON EDUCATION AND LABOR,
House of Representatives,
Washington, DC

Subcommittee on Select Education Panel Members: On behalf of the Pennsylvania Federation Council for Exceptional Children (PFCEC) and myself, please accept our appreciation and thanks for the opportunity to address the issue of Interagency Cooperation. The Council for Exceptional Children, as you may know, is an international organization made up of over 50,000 professionals involved in the education of exceptional children. It is the largest organized association devoted to the maintenance of and improvement in services for exceptional children. The Pennsylvania Federation Council for Exceptional Children consists of nearly 3,000 professionals dedicated to these same goals. As current President of the Federation, I bring fifteen years of experience in special education and five years of experience on the PFCEC Excecutive Board to the position.

During these years, I have observed and encountered numerous instances where children and families have been affected by the presence of, or lack of, interagency cooperation. Unfortunately, the majority of instances have highlighted the lack of, or breakdown of, interagency agreement between almost every statewide social service agency and at almost every level.

The consequences of such barriers in the social services area within our state have resulted in a confused and angry citizenry who seem caught in one catch-22 situation after another. The most glaring and damaging breakdown in the interagency system occurs at the critical transition times in our special children's lives. Following are examples of cases that I have personally been involved with where the lack of interagency coordination has proven detrimental to the family and child.

The young child enrolled in special needs day care programs through funding from the county MH/MR office reaches the age for movement into the special education sector in the local school district. In some cases, children remain unserved for as long as one year while a determination is made as to the child's needs, and the availability of appropriate placement and related services. The length of time required might be justified if the child was unknown to the system but in these cases, extensive records exist, observation could easily and quickly be accomplished prior to the child's 'graduation' from the day care program and parental input could be encouraged through school visitations, program observations, etc. before the actual beginning of the public school program. At this time there is little incentive for this

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to happen. In fact, there is essentially a "Do Not Touch" attitude within the Department of Education and within the local education agency in regard to becoming involved with the pre-school aged child. The inefficiency and the inhumanity of this approach both need addressing.

The visually impaired or blind adolescent who also has other disabilities is urged to register with the state vocational training agency responsible for service to the blind (Bureau of Blindness and Visual Services—BVS) yet finds later that optical aids recommended by the special educator cannot be paid for by special education funds and that BVS bases most of their decisions on the clients' potential for competitive employment and rarely gets directly involved with school aged students until they approach graduation. Furthermore, this same visually impaired student upon graduation finds that BVS is not permitted under current law to fund for residential placement except as it relates to a training program and that the Office for Mental Retardation (OMR) cannot serve the legally blind population although they provide residential care for many mentally retarded adults in this commonwealth. In a few specific cases, families who were urged to move their blind children from state centers for the retarded into special education programs in the community, are now finding that their young adult offspring are exempted from the service delivery system within OMR which clearly meets the needs of their children.

Such paradoxes exist in other areas of the State human services network although I am not as personally familiar with their details to be able to convey them to you today. Furthermore, it should not be thought that interagency cooperation is non-existent. In fact, recent efforts by the Office of Vocational Rehabilitation (OVR) and OMR to fund community based programs for training the mentally retarded for partial independence in the community have proven fruitful. Additionally, OMR and BVS have begun looking cooperatively at the problems of the mentally retarded blind in the commonwealth. However, these efforts are relatively new and their implementation have not yet been effected.

It is recommended that if the human service system in Pennsylvania is to be effective and efficient in dealing with the complex needs of our handicapped citizens, that the respective agencies follow mandated agreements where they exist, revise agreements that arbitrarily exclude segments of our population from needed services, eliminate the devastating breaks in services now experienced during transition by mandating the overlapping of certain services by the various agencies, and require and enforce the periodic review of such interagency agreements by the respective agency directors in conjunction with a citizen's advisory council.

Sincerely,

VINCENT M. MCVEIGH, *President.*

PREPARED STATEMENT OF JIM HOLLAHAN, COMMUNITY SERVICE COORDINATOR, UNITED CEREBRAL PALSY ASSOCIATION OF THE PITTSBURGH DISTRICT.

My name is Jim Hollahan. I am the Community Service Coordinator for United Cerebral Palsy Association (UCP) of the Pittsburgh District. As I begin my remarks this morning it is important to point out that United Cerebral Palsy Associations, Inc. was founded in 1949 and the Pittsburgh affiliate was founded in 1951 primarily because children with cerebral palsy could not obtain an appropriate education. For the past 33 years UCP of Pittsburgh has been a strong advocate for education. In our history we have provided educational programs at times when children with cerebral palsy were excluded from the mainstream. Because of the passage of PL 94-142, our affiliate and many of our sister affiliates across the country no longer need to concentrate limited resources on the provision of educational services.

Today United Cerebral Palsy Association of the Pittsburgh District concentrates its resources on services that assist severely disabled men and women to live more meaningful and independent lives in the community.

Cerebral Palsy is a condition caused by brain damage at birth or during early childhood that results in difficulty with speech, coordination, and often special learning needs.

Children who have cerebral palsy often have multiple disabilities and they frequently require one or a number of related services in order to benefit from a free and appropriate educational experience. Related services can include Occupational Therapy, Physical Therapy, Speech Therapy, Adapted Physical Education, and remediation of learning disabilities.

Through UCP's Information/Referral-Follow Along and our Community Education and Consultation Services we remain actively involved in assisting children with disabilities and their families as they negotiate the educational system.

Since my time for testimony is very limited, I will focus my remarks on sharing with the committee one example of successful interagency cooperation that has improved services for handicapped children. This example might be helpful to the committee as you explore ways of improving the delivery of related services to children in Special Education.

The Local Children's Team (LCT) of Allegheny County, founded in 1978, brings together 43 community organizations providing services to infants and pre-school handicapped children and/or their families.

(1) Identify needs of handicapped infants and preschool children in Allegheny County.

(2) Make recommendations to the State Departments of Education, Health, Public Welfare and any other government agency regarding how these needs can be met through improved local, state, and Federal planning.

(3) Identify needs of this population on a local level and make recommendations on how current and future services can be developed and coordinated to meet these needs.

(4) Provide a vehicle for interagency communication regarding the needs of this population.

(5) Develop committees composed of members of the Local Children's Team and other interested parties to address specific concerns of this population.

Attached to this testimony is a more detailed Statement of Purpose for the Local Children's Team and brochure describing the organization. It is important to note that the agencies listed in the brochure represent organizations funded from a number of sources including: Department of Education, Department of Public Welfare, Department of Health. On a local level these agencies have developed a history of working together effectively.

In preparation for this testimony I have reviewed the Report from the Commission on the Financing of a Free and Appropriate Education for Special Needs Children, March 1983. I support the recommendation of this commission. The commission report articulates the dilemmas inherent in providing related services for Special Education students. Frequent references are made to the roles of both the State Education Agency and Local Education Agency in defining related services and clarifying fiscal responsibility. The report also frequently refers to interagency cooperation as one of the avenues for improving the provision of related services.

The Local Children's Team of Allegheny County has in fact demonstrated that interagency cooperation can occur. This group has been able to:

(1) Conduct an annual survey of the needs of preschool, handicapped children in the county.

(2) Monitor the current availability of services for these youngsters.

(3) Generate needed special programs.

(4) Foster communication among agencies that serve this population.

(5) Advocate legislation for the benefit of these children.

(6) Promote public awareness of these issues.

Accurate child counts have been critically important to a number of agencies for long range planning and budgeting. Prior to the Local Children's Team survery no accurate figures existed on a county-wide basis that included children served by various funding streams. The County MH/MR office currently uses these figures in planning for and funding early intervention services. In addition, survey information has been used to identify available program openings and has facilitated referrals to children. The Local Children's Team has also provided consultation to member agencies when decisions about program openings and closings were being considered.

On an on-going basis, gaps in services for infants and pre-school children have been identified. Responses to these identified needs have ranged from temporary cooperative efforts among several agencies to current advocacy efforts for the establishment of mandated early intervention services in Pennsylvania. I am proud to say that next month Representative Ron Cowell will introduce this legislation in the Pennsylvania House of Representatives.

Establishing and developing the skills needed for the operation of a successful interagency group did not happen at random. A very specific organizational system was developed to address the unique needs for our interagency group. The initial motivation for coming together was a pressing need for information. The members agencies of the Local Children's Team all served the same population and knowing what other service providers were doing was important for program planning, development and coordination. As the Local Children's Team was formed the group decided to form a governance and procedures committee to address the unique organizational needs of such a group. In hindsight it is clear that the formation of this

committee was an important factor in helping the group learn to work together effectively.

The governance and procedures committee was charged with a leadership function and initially:

(1) Developed the statment of purpose

(2) Suggested a meeting format, including a committee structure and large group meetings

(3) Developed and time-lined agenda for large group meetings

(4) Facilitated the meetings

(5) Developed a leadership structure for the Team.

The membership of the governance and procedures committee was composed of a representative from each active committee of the Local Children's Team. By initially assigning a committee to be a responsible for the leadership function, we established a method of overcoming some of the competition that had historically existed between member agencies. Using a consensus format, the governance and procedures committee was able to identify the common issues that the Team needed to address.

Paying specific attention to organizational and operational issues of the Team has resulted in a very effective and productive interagency Team. Since 1978 the Team has responded to a large number of issues effecting the provision of services to infant and pre-school handicapped children. The effort of the Local Children's Team has also been a primary force behind the effort to introduce legislation that will mandate early intervention services in Pennsylvania.

This brief description of the operation of the Local Children's Team points out the importance of organizational and administrative issues involved in interagency cooperation. I encourage the committee to consider this example when undertaking legislative and administrative efforts to encourage interagency cooperation.

Another issue of importance that I would like to bring to the attention of the committee has to do with interagency cooperation on the federal level. Under the previous administration the former Bureau of Education for the Handicapped (BEH, now OSEP) and the Office of Civil Rights (OCR) had a Memorandum of Understanding. Under this agreement OSEP and OCR would exchange information on compliance matters concerning the implementation of PL 94-142, "The Education for all Handicapped Children Act," and Section 504 of "Rehabilitation Act of 1973," as amended. This exchange of information is critical in assuring that handicapped children receive appropriate education. This agreement allowed OSEP to address broad statewide compliance issues and freed OCR to work on individual cases of non-compliance.

Sadly, we understand the OSEP and the OCR are not currently sharing this information. This is unfortunate because it denies both parents of handicapped children and state administrators alike this exchange of information which is so crucial to assuring the overall compliance with PL 94-142. We respectfully urge you, Mr. Chairperson, to investigate why this Memorandum of Understanding is not being implemented.

Thank you for the opportunity to present these remarks.

Attachments: Local Children's Team of Allegheny County: Statement of Purpose and Local Children's Team Brochure.

LOCAL CHILDREN'S TEAM OF ALLEGHENY COUNTY AND THE CITY OF PITTSBURGH—STATEMENT OF PURPOSE

Children's team

The Children's Team is composed of agency representatives and parents who are interested in services provided for handicapped infants and pre-school children and their families.

Purposes of the children team

(1) To identify needs of handicapped infants and pre-school children in Allegheny County.

(2) To make recommendations to the State Departments of Education, Health, Public Welfare and any other government agency regarding how these needs can be met through improved local, state, and Federal planning.

(3) To identify needs of this population on a local level and make recommendations on how current and future services can be developed and coordinated to meet these needs.

(4) To provide a vehicle for inter-agency communication regarding the needs of this population

(5) To develop committees composed of members of the Local Children's Team and other interested parties to address specific concerns of this population

Authority

The membership of this group is composed of agency representatives, parents, and interested individuals who are concerned about the needs of handicapped infants and pre-school children and their families. The members of the Local Children's Team work together in a voluntary effort to improve services for this population.

No formal authority for program decisions rests with this group. Through the sharing of information, discussion, and the development of specific recommendations the group offers advice and guidance to individuals, agencies, and government bodies serving and or planning for the interests of this population. Agency participation in the Local Children's Team implies a commitment to shared information and planning, and a good faith effort to abide by Team decisions

Structure

To implement its purpose the Local Children's Team has adopted the following structure

(A) Large group meetings: held bi-monthly or as frequently as needed, to share information, review committee recommendations, and to approve and pass on recommendations that affect the service system.

(B) Committees composed of members of group and other interested parties; meet periodically to work on problem solving, issues identification, and the development of specific solutions designed to address problems.

Currently the Local Children's Team established the following committees: (1) Transportation, (2) Shared Services; (3) Advocacy/Policy; (4) Governance and Procedure, and (5) Ad Hoc Committees.

(C) Membership Membership on the Local Children's Team is open to: (1) Any agency in Allegheny County providing services to handicapped infants, pre-school children and or their families (2) Parents and/or Parent groups interested in this population (3) Any interested individual or agencies in the community.

(D) Responsibilities of Members of the Local Children's Team are: (1) Participation at bi-monthly large Team meetings. (2) Participation on at least one of the committees of the Team

The Governance and Procedure Committee proposed and the Team adopted the following leadership structure:

Group at large to nominate and elect two officers on an annual basis.

Chairperson Responsible for conducting meetings, setting the agenda, representing the group, sending official correspondence.

Vice Chairperson. Assisting the Chairperson, carrying out functions of the chair in the absence of the chairperson.

Responsibility for recording minutes of Team meetings is to be shared, on a rotating basis by member agencies.

The Chairperson and Vice Chairperson plus a representative from each committee will compose the membership of the Governance and Procedure Committee.

Nomination to be made prior to the June meeting. Elections held at the June meeting. The Governance and Procedure Committee would be responsible for all leadership functions until the officers are elected at the June meeting.

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The Local Children's Team of Allegheny County meets regularly at The Rehabilitation Institute of Pittsburgh. Membership on the Local Children's Team is open to:

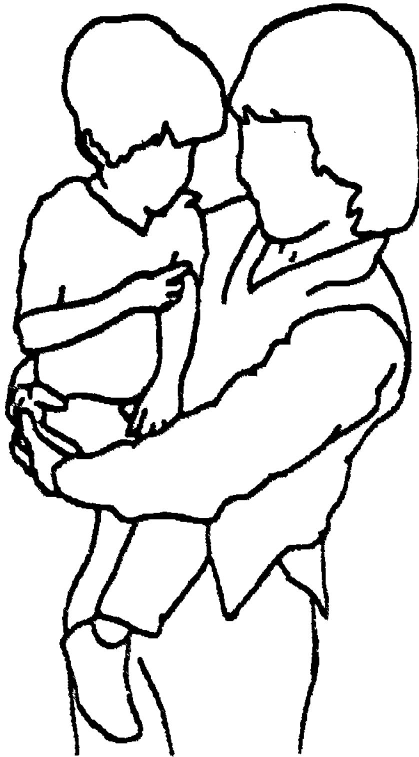
- Any agency in Allegheny County that provides services to handicapped infants, preschool children and/or their families,
- Parents and/or parent groups interested in this population,
- Any interested individual or agency in the community.

For further information, contact:

Local Children's Team of
Allegheny County
c/o Jane Erin
Western Pennsylvania School
for Blind Children
201 N. Bellefield Street
Pittsburgh, PA 15213
(412) 621-0100, ext. 271

Illustration by Gretchen Jacob

Local Children's Team



of

Allegheny County

- 1984 -

LOCAL CHILDREN'S TEAM OF ALLEGHENY COUNTY

The Local Children's Team of Allegheny County is an organization of agenices, parents and interested persons united to promote early intervention in the lives of handicapped children from birth to 6 years. The team encourages cooperation among those who work for the benefit of children with special needs and their families.

Formed in Pennsylvania in 1978, the Local Children's Team:

Conducts an annual survey of the needs of preschool, handicapped children in the county.

Monitors the current availability of services for these youngsters.

Generates needed special programs.

Fosters communication among agencies that serve this population.

Advocates legislation for the benefit of these children.

Promotes public awareness of these issues.

Cover Illustration by Wayne Treichel

– MEMBER ORGANIZATIONS –

- Allegheny County Head Start
- Allegheny County Health Department
- Allegheny County MH/MR
- Allegheny East MH/MR Center
- Association for Retarded Citizens/ Allegheny County Chapter (ARC)
- Child Development Unit, Children's Hospital of Pittsburgh
- Children's Unit, Community MH/MR Center St. Francis General Hospital
- Coalition of Citizen's Concern for Children
- Community Human Services Corporation
- DART (Discovery, Assessment, Referral and Tracking) Exceptional Children's Program, Allegheny Intermediate Unit
- Department of Child Care and Child Development, University of Pittsburgh
- DePaul Institute
- Developmental Evaluative Services for Children (D.E.S.C.), St. Francis General Hospital
- E.H.A. (Education of the Handicapped Act) Program, Exceptional Children's Program, Pittsburgh Board of Education
- Easter Seals Society, Allegheny County Chapter
- Family and Children's Services
- Handicapped Children's Unit Children's Hospital of Pittsburgh
- LEAP Preschool, (Learning Experiences: An Alternative Program for Preschoolers and Parents), Western Psychiatric Institute and Clinic
- McKeesport Preschool for Exceptional Children
- Mellon Evaluation Center for Children and Adolescents (MECCA), Western Psychiatric Institute and Clinic
- John Merck Program, Western Psychiatric Institute and Clinic
- Mon-Yough Community MH/MR Services
- National Black Child Development Institute, Pittsburgh Chapter
- PACE School
- Parent and Child Guidance Center
- Parental Stress Center
- Pittsburgh Board of Education Head Start
- Pittsburgh Catholic Education Program, Inc. (Head Start)
- Pittsburgh Hearing, Speech & Deaf Services
- Pittsburgh Psychoanalytic Center
- PLEA (Parents' League for Emotional Adjustment) Developmental Preschool
- Preschool Development Programs, Inc. (Head Start)
- Project PREP, (Preparation for Regular Educational Placement), Western Psychiatric Institute and Clinic
- St. Peter's Child Development Centers
- Spina Bifida, Hydrocephalus Association of Pennsylvania
- The Rehabilitation Institute of Pittsburgh
- Turtle Creek Valley MH/MR Services
- United Cerebral Palsy Association of the Pittsburgh District
- United Mental Health, Inc.
- Valley Community Services
- D.T. Watson Rehabilitation Hospital
- Western Pennsylvania School for Blind Children
- Western Pennsylvania School for the Deaf

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PREPARED STATEMENT OF JOYCE CUNNINGHAM, A.C.S.W., MEMBER, PRACTICE ADVANCEMENT COUNCIL ON SOCIAL WORK SERVICES IN SCHOOLS, SCHOOL SOCIAL WORKER FOR APPALACHIA INTERMEDIATE UNIT 08, EBENSBURG, PA

Chairman Murphy, Members of the Committee, you are addressing that aspect of PL 94-142 dealing with interagency relationships in special education. I find it encouraging that you are attempting to promote the concept that a sound education for handicapped children must take into account the teamwork and resources necessary to address the complexity of their real-life situation. For, handicapped children often present needs not only in regard to learning, but also in addressing social/emotional maladjustment, family instability, poverty, physical illness, isolation from community resources.

It is not a question of providing either a good basic education to all handicapped children or of equipping them to function in mentally healthy ways and be able to earn their living and function as parents in our complex technological society. Personal, family and community difficulties must be addressed if children are to benefit maximally from their education in the basic academic courses. It is a question of the excellence and reform in education called for by our National Commission on Excellence in Education (A Nation at Risk: The Imperative for Educational Reform, Washington, D.C., U.S. Department of Education, 1983, p. 24): "We must demand the best effort and performance from all our students, whether they are gifted or less able, affluent or disadvantaged, whether destined for college, the farm or industry."

The School Social Worker is, I believe, a key component in accomplishing the complex objective of an effective education for handicapped children. The regulations implementing Part B of The Education for All Handicapped Children Act include "social work services in schools" in the list of "related services . . . required to assist a handicapped child to benefit from special education" in 121 (a) 12 (11). The specific definition included as one of four points "mobilizing school and community resources to enable the child to receive maximum benefit from his or her educational program". School Social Work has developed since its introduction into schools in the early part of this century from an attendance function to a clinical-remedial focus to a role which emphasizes home-school-community liason. The client has changed from just the child or individual family to include the complex school system and the whole community.

I am one of four School Social Workers in Appalachia Intermediate Unit 08, fourth largest (serving a school-age population of 74,801) of 29 such units in Pennsylvania and which provides special education services to 4,750 handicapped children in Blair, Cambria, Somerset and Bedford Counties. For the past seven years I have been involved in 35 elementary and secondary schools in Cambria County, providing social work services to about 160 students a year. I function as part of a cohesive, effective multidisciplinary team that provides intensive, ongoing diagnostic and consultative services to handicapped children in full time, resource room and itinerant special education programs. This team, which meets as a whole on a weekly basis, includes as core members a child psychiatrist, clinical psychologist, school psychologists, supervisors of special education and school social workers. It brings in for individual case discussion appropriate guidance counselors, principals, special education teachers, mental health counselors, and other involved agency personnel. Frequent use is also made of phone consultation due to the expansive, rural nature of the area.

An example would help to illustrate my function in helping handicapped children receive an appropriate education through promotion of interagency cooperation and communication. Randy R. was a 13 year old son of a divorced, working mother with two younger children. Randy came to our team's attention due to truancy, defiant verbal outbursts toward teachers, poor grades and stomach complaints. Psychoeducational assessment revealed that he qualified for Learning Disability services in a resource room. Concurrent family assessment by myself revealed that Randy was responsible for supervision of his siblings for hours after school and that all of them had been sexually molested by a "kindly" neighbor. I assisted the mother in arranging after school day care for her children and in getting her together with another victimized family who obtained a lawyer to prosecute the neighbor for sexual abuse. I colaborated with Mrs. R.'s family doctor and the school nurse in continuing medical attention to Randy for what proved to be a stomach ulcer. I initiated referral to and maintained ongoing contact with a local mental health center providing family counseling. The school psychologist, myself, Mrs. R., the L.D. teacher, guidance counselor and regular education teachers met at school to clarify expectations of Randy and develop a "menu" of reinforcers and consequences regarding Randy's at-

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tendance and achievement I acted as the ongoing consultant to teachers in implementing the plan. Randy began attending school regularly, achieving satisfactorily and showing more friendly behavior. When Mrs. R. found employment in another area, I contacted the new school to apprise them of services being provided Randy and helped Mrs. R. locate another counseling agency. Randy successfully completed high school.

This case illustrates the crucial role the Social Worker can play as the connecting link among student-family-school-community resources. The goal of this liason is not simply to carry information from school to parents or parents to agencies, but to facilitate mutual communication and linkages that enable positive change to occur in areas that prevent handicapped children from utilizing the education envisioned in P.L. 94-142.

I thank you on behalf of myself, the 300 school social workers employed in Pennsylvania and the 12,000 social workers serving public schools nationwide, for your attention to this need for interagency cooperation in special education.

SHIREMANSTOWN, PA, *March 6, 1984.*

TOM CONRAD,
House Subcommittee on Select Education,
Washington, DC.

DEAR MR. CONRAD: This letter is to serve as comment for the U.S. House of Representatives Subcommittee on Select Education oversight hearing on P.L. 94-142.

I am the mother of a ten year old boy who is learning disabled, has motor coordination difficulties and decreased kinesthetic awareness. He is a student in a self contained learning disabilities class in the Mechanicsburg Area School District. I have been an active member of the Capital Area Association for Children and Adults with Learning Disabilities and a volunteer trainer for the Pennsylvania Department of Education Parent to Parent Training Project.

It has been my personal experience (and the experience of others in ACLD) that school evaluations are often sketchy, hurried, and contain minimal recommendations for an appropriate program. They seem designed to fit the child to the program rather than the program to the child. We have had private psychological evaluations done at our own expense but this has done little to alter the situation.

When I requested occupational and physical therapy evaluations for my son from the Capital Area Intermediate Unit, I was informed that either an O.T. or a P.T. evaluation would be done—not both—and that no occupational or physical therapy was available to anyone as a related service in the Capital Area Intermediate Unit. My son had an O.T. evaluation. The evaulation was quite accurate, but again, the recommendations were written more for us as parents, advising us to continue the private physical therapy my son has had for six years. The recommendations pertaining to the school program were sketchy and nonspecific even though it was obvious from the evaluation that my son has visual perception and coordination difficulties that interfere with his learning.

Because I have complained so often about the lack of motor training, the school district has just this year provided my son with 20 minutes of adapted gym once every six school days. Unfortunately, he seems to be the only child in a school of more than 300 students with motor problems and is therefore the only child in the class. Once again, he is made to feel like one of the "walking wounded."

In conclusion, it is my opinion, after six years of experience as a parent of a child in special education in the Mechanicsburg Area School District, that:

(1) School evaluations are not always complete and consequently recommendations for placement and program are sometimes inadequate and sometimes in eror;

(2) Parents are not always advised of their rights;

(3) School districts and I.U.'s tend to think that the words "available" and "appropriate" are synonomous;

(4) A parent's persistence can be rewarded by having her child placed in a situation that fulfills the letter of the law but not the spirit of the law—a child's differences are accentuated and emotional harm is done;

(5) Inadequate and inappropriate programs will probably result in a longer and consequently more expensive stay in special education for my child and others like him. It all seems penny wise and dollar foolish. (Has anyone ever done a study on how many S.E.D. children have learning disabilities that have not been attended or identified early?)

ERIC

Thank you for giving me the opportunity to comment.
Sincerely yours,

CAROL F. PENNINGTON.

PREPARED STATEMENT OF RALPH MEADOR, WESTERN CENTER

Western Center is a State operated residential facility housing 512 mentally retarded, developmentally disabled individuals. Many of these residents are school age and attend public school off grounds when appropriate. The Intermediate Unit also provides classes on-grounds in space provided by the facility. The problem facing this facility is the lack of cooperative educational planning between the Intermediate Unit and staff from Western Center. The Intermediate Unit has annual meetings to develop the Individual Educational Plan. However, Western Center is not on the approved agency invitation list and consequently is not invited to participate. This seems a bit ironic since Western Center is responsible for the individuals' goal planning, care and habilitation twenty-four hours a day, seven days a week. Parents may invite appropriate staff from Western Center to accompany them to their child's planning meeting, but the Intermediate Unit is under no obligation to do so. Many of our younger residents do not have involved parents, so staff from Western Center cannot attend their planning meetings.

Western Center has annual staffing reviews of each resident's Individual Program Plan. This involves all the professional disciplines providing care and habilitation services to the resident. Intermediate Unit staff are invited to participate in these meetings but decline to do so.

The need for and value of interagency planning in the educational and habilitation programs is vital to consistency and good continuity of programs.

We urge that either by regulation or legislation, interagency cooperation and participation in development and implementation of Individual Educational Plans and Individual Program Plans be a requirement between Intermediate Units and residential facilities for the mentally retarded. The Administrative Head of the Intermediate Unit and Administrative Head of the residential facility should have the responsibility and authority to establish appropriate agreements.

COMMUNITY MENTAL HEALTH CENTER OF BEAVER COUNTY,
Rochester, PA, March 23, 1984.

Mr. AUSTIN J. MURPHY,
Chairman, Committee on Education and Labor,
House of Representatives,
Washington, DC.

DEAR MR. MURPHY: I am writing in response to your letter asking for testimony addressing the issue of inter-agency agreements in special education.

Attached is a program description and first year evaluation of a Mental Health Consultation Project to Schools, which was implemented in 1981 and continues to be provided as described in this paper.

The Community Mental Health Center of Beaver County has initiated two other projects as part of our goal to better integrate mental health, education, and other agency services for our clients.

In January 1983, a partial hospital program for children and adolescents was implemented under my direction. In order to integrate a special education program with treatment, liscensure as a private school is being pursued as well.

For the academic year 1983-1984, the mental health center is providing school psychology services to six local school districts. This has had a positive impact on the linkage of services between the schools and the mental health center for children with special needs.

I would like to bring to your attention however, that inter-agency coordination of services is made very difficult and sometimes nearly impossible by the conflicting policies, rules, and regulations of Departments of Public Welfare and Departments of Education. I hope your committee study will help ameliorate these problems.

Sincerely,

MARGARET HOWELL, *Director,*
Seneca Ridge, Children's Services of Beaver County.

Attachment.

ERIC

Data Based Program Evaluation in a Project Involving Mental Health Consultation to Schools

DAVID A. BRENT, M.D., AND MARGARET HOWELL, M.S.

Program evaluation is viewed as an important but methodologically problematic process. A school consultation project was designed which has as an intrinsic part of its program the means for program evaluation. Evaluation was performed on four levels: (1) consultant behavior, (2) teacher (consultee) satisfaction, (3) student (client) behavioral change, and (4) assessment of community impact.

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Program evaluation may be thought of as a three-step process. First, it is the attempt to apply the experimental method to human service delivery in order to establish a causal link between program effort and effectiveness (Cowen et al., 1980). Second, it endeavors to ascertain if the effectiveness is worth the effort. Third, it asks if anything can be done to improve the ratio of effectiveness to effort. Rational program evaluation involves the setting of objectives and the means for measuring those objectives which are mutually agreed upon by those: (1) evaluating the program, (2) enacting the program, (3) funding the program, and (4) to whom the program is directed (Schulberg and Jerrell, 1983).

Need for Program Evaluation

Although Caplan (1970) did not develop a theoretical framework for program evaluation, he did emphasize the need for mutual evaluation of consultation effort by both consultant and consultee. Since 1975, program evaluation has been mandated by law through the amendment to Community Mental Health Centers Act (Schulberg and Jerrell, 1983). Several authors have emphasized that specification of the goals of consultation is essential for the evaluation of consultation to be meaningful (Ahmed and Tims, 1977; Deno and Mirkin, 1977; Hagedorn et al., 1976; Meyers et al., 1978, Miller and Warner, 1975, Taylor and Vineberg, 1978). Bergan and Tombari (1975, 1976) demonstrated that problem identification and goal specification are essential aspects of successful consultation.

Difficulty in Performing Program Evaluation

Mental health consultation began as an attempt to produce change in the consultee (Caplan, 1970). Since that time, there has been much confusion about whether to focus the effort of both consultation and evaluation on the client, the consultee, the organization of the consultee, or the community (Mannino and Shore, 1979; Meyers et al., 1979; Taylor and Vineberg, 1978). Authors of more current reviews of consultative evaluation recommend evaluation at several levels simultaneously (Mannino and Shore, 1979; Meyers et al., 1979; Schulberg and Jerrell, 1983; Taylor and Vineberg, 1978). The difficulty then is in the integration of process data, or how the consultation was performed, with outcome data or goals attained by the consultation (Meyers et al., 1979). For example, a change in consultee attitude and knowledge may not have an impact on clients (Birney, 1978; Bryngelson, 1977).

The difficulty in accurately evaluating the effectiveness of consultation is to a large extent the difficulty in applying the experimental method to a naturalistic setting. There is the difficulty in translating broad goals into measurable objectives (MacLennan, 1979; Weiss, 1966). There is also lack of agreement as to what are criteria for successful outcome (Ahmed and Tims, 1977; Hagedorn et al., 1976; MacLennan, 1979). There is a lack of research training or even a frank

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The authors would like to acknowledge: The financial and academic support of the Office of Education and Regional Programming, Western Psychiatric Institute and Clinic; the financial support of the Mental Health/Mental Retardation Office and United Way of Beaver County; the Personnel of the five school systems involved; Mary Margaret Kerr, Ph.D., for her expert technical advice on school consultation; Ellen Bensavanger, Ph.D., for her wise counsel and encouragement; Jeanette Jerrell, Ph.D., for her help with the literature search; Joseph Strayhorn, Jr., M.D., for help with the statistical analyses; William Bach, M.D., whose support was essential for the project; Ms. Alice Woodcliff for her help in preparing this manuscript; and most important, the Consultants: Ms. Kathy Chomon, Ms. Barbara Ireland Peters, Mr. Greg Hofstetter, Ms. Kate McKeon, Mr. Richard Tobias and Ms. Diane Watson.

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bias against research held by many program managers (Broskowski et al., 1979). MacLennan (1979) observes that consultants often fail to obtain appropriate baseline data before proceeding, thus making the measurement of consultant impact impossible.

Consultation is often done without comparison groups which do not receive consultation, making attribution of positive changes in the group due to consultation a dubious affair (Mannino and Shore, 1979). Consultation is often not performed in a standardized manner, thus making the link between process and outcome tenuous at best. In order to prove the effectiveness of an intervention, the consultant may need to recommend a reversal procedure, which may be unethical or impractical (Meyers et al., 1979).

Evaluation data is generally based on data gathered by either consultant or consultee. Rarely is an effort made to ensure interrater reliability (Bijou et al., 1969). If consultant and consultee have agreed upon goals, then neither will be blind to the hypothesis under which they are gathering data (Mannino and Shore, 1979; Meyers et al., 1979).

In an effort to apply the experimental method to program evaluation, it is optimal to hold other significant variables constant. These variables such as programmatic content, historical events, personnel or administrative structure ase often out of the evaluators' control (Binner, 1975). Studies of the effectiveness of consultation become less robust the further removed they are from the point of consultation in effect and time (Mannino and Shore, 1975; Meyers et al., 1978, 1979; Stephenson, 1973). Since much mental health consultation exerts its effects indirectly, the difficulty in demonstrating impact is obvious.

Thus there are obstacles to implementing program evaluation stemming both from inexperience with research design and to the impracticalities of applying the experimental method to a setting where many important variables must remain out of the control of the evaluator. The task of the program evaluator is to come up with a method which yields meaningful results but is not so time consuming or impractical as to interfere with the consultation effort itself (Brown et al., 1979). Some workers have suggested a single case design utilizing multiple baselines as an attempt to employ an experimental approach that maximizes internal validity and economy of time (Deno and Mirkin, 1977; Meyers et al., 1979).

Previous Efforts at Program Evaluation

A recent review of consultative evaluation described studies which measured consultee satisfaction, consultee change or goal attainment (Mannino and Shore, 1979). They found that while the ultimate goal of school consultation was to affect students, it was easier to demonstrate change in teachers than in their pupils.

Teacher satisfaction has been correlated with the warmth and empathy of the consultant (Schowengerdt et al., 1976), with the ability to keep the consultee "on task" (Bergan and Tombari, 1976; Conoley and Conoley, 1981), and with allocation of sufficient time for consultation (Conoley and Conoley, 1981; White and Fine, 1976). The bulk of school consultation satisfaction studies indicate that teachers prefer a behavioral, client-centered, prescriptive approach to a more process-oriented one (Bergan and Tombari, 1976; Conoley and Conoley, 1981; Fairchild, 1976; Jacobs, 1975; Medway and Forman, 1980).

The studies linking teacher attitudes and behavior to student change have produced equivocal results. Jason and Ferone (1978) showed that while consultee-centered consultation resulted in teachers *feeling* better about their teaching and behavioral management skills, behaviorally oriented consultation was actually more effective. Several studies have shown that significant changes in teachers' knowledge of behavior management and teaching style did not produce any demonstrable effect in their students (Bryngelson, 1977; Schmuck, 1968; Stangel, 1974).

Perhaps the most useful set of studies are those that focus on changes produced in students (Mannino and Shore, 1979). Bergan and Tombari (1975, 1976) have demonstrated that consultations which result in problem identification and clarification are most likely to be successful. Many of the studies previously cited in support of greater teacher satisfaction with a behavioral approach also demonstrate greater goal attainment as compared to consultee-centered or "mental health" consultation (Fairchild, 1976; Jason and Ferone, 1978; Jason et al., 1979; Taylor and Vineberg, 1978).

It is clear that consultation programs which emphasize problem identification and problem solving often result in greater teacher satisfaction, are more amenable to meaningful evaluation and produce positive changes in students. There is evidence that this model is most effective for elementary school teachers who deal with disruptive, off-task, or withdrawn students, while consultee-centered consultation is more effective for secondary school teachers and administrators (Conoley and Conoley, 1981).

As our project was primarily focused on elementary school-age children, we chose to implement a behaviorally oriented consultation program, adapted from the methodology of Deno and Mirkin (1977) and Meyers et al. (1978, 1979).

Background of the Study

This was the first year of this project. The groundwork was laid by Peter Cohen, M.D., during the previous year. In turn, he was attempting to help the Community Mental Health Center (CMHC) respond to a concern that they were not identifying and serving many children in need of mental health services. The project was proposed at a meeting of all the superintendents in the county. The first five superintendents who requested that the consultation take place in their school district were contacted. Each superintendent designated one elementary school in their district as most appropriate for the project. Funding for the project was obtained through the Mental Health/Mental Retardation Office and United Way. The goals of the project were to (1) provide services for a broader range of children than were being seen at the CMHC, (2) to help teachers deal with behavioral problems in the classroom, and (3) to improve communication between the CMHC and the schools.

The consultants were five masters' level child psychotherapists who were employed at the Beaver County CMHC. Only one had had experience with consultation before. The authors were coordinator (M.H.) and consultant (D.B.) to the project, respectively. Each consultant spent 1 day per week in a designated elementary school, and 2 hours weekly in a group meeting which focused on their consultative experiences.

Method

The consultants classified behavior problems in a standardized manner (see table 3 for list of problem types). There were standard interventions for each problem type, although the consultant could devise a different intervention if it was felt to be indicated.

Each behavior problem was operationalized and expressed in a quantitative manner (Bijou et al., 1969; Deno and Mirkin, 1977; Hall, 1971; Meyers et al., 1979). Before making any recommendations, the consultants obtained a stable baseline consisting of at least two different behavioral observations separated by a week. In addition, consultants asked the teacher to designate a child who did not have this problem so that baseline could be taken on this child as well. This ensured that the problem the consultant was focusing on was indeed the matter of concern to the teacher, for if baseline did not distinguish the "problem" from comparison child, then more discussion was certainly indicated.

After the baseline had been obtained by the consultant, the teacher and consultant set a goal which was quantitatively expressed as a percentage of the baseline observation (Deno and Mirkin, 1977; Meyers et al., 1979). The consultant recommended an intervention, and within an agreed upon period of time, would return to take observational data on the child (Meyers et al., 1979). If the goal was reached, and the teacher agreed that the observational period was representative of the child's behavior, then the consultee signed the consult and indicated on a power scale the degree of satisfaction with the consultation (referred to as the "teacher validation scale" or TVS). If the goal was not met, or the teacher was not satisfied, then the consultant and teacher worked to revise the intervention (Deno and Mirkin, 1977).

At the end of the school year, a Teacher Satisfaction Scale (TSS), developed by the consultants, was distributed to the teachers and returned anonymously. If other school personnel were involved in the project, they filled out a TSS as well. The scale utilized a power scale response to issues generally acknowledged to be of importance in consultation such as punctuality, effectiveness, and accessibility.

Attention was also paid to the process of consultation. A time-limited model of consultation developed by one of the authors (D.B.) was utilized. This model divides consultation into the phases of entry, modeling of problem solving, collaboration between consultant and consultee, and fostering of autonomy and termination. Each stage has specific goals, well defined tasks, and criteria for entering the next phase (Brent, 1983).

A questionnaire utilizing a power scale response was distributed to the consultants during their entry (E), modeling (M) and termination (T) phases, in order to assess the degree to which they attended to the tasks of each phase (see table 2). The collaboration stage was deleted because the consultants were not in the schools long enough and did not have sustained enough contact with any given teacher to develop a collaborative relationship.

Results

Quality of Evaluation (table 1)

Only 69.3% of the cases seen in consultation had a complete data base. Most of the remaining 30.7% lacked one or both initial baselines, but contained validation that the child met behavioral goals. Separate evaluation of the 52 cases with complete data base resulted in a mean goal attainment of 0.86, which was higher than the value of 0.79 found when all the cases are included in the analysis. The higher the quality of data, the more likely one can draw a causal inference between effectiveness and consultative effort. The overall analysis is probably not an overestimate, since it yields a lower goal attainment than for the complete data alone. Most of the incomplete data

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was gathered in districts 3 and 4. These consultants began work before they had an opportunity to learn the method of standardized data collection.

Process of Consultation (table 2)

The mean process measure was 3.88 (out of a possible 5) indicating that careful attention was paid to process issues by the consultants. With $N = 5$, the correlation of process measures with either TSS or mean goal attainment did not approach significance.

Consultee Satisfaction (tables 2 and 3)

Overall, the teachers appeared quite satisfied, as 1.00 indicated maximum satisfaction and the mean TVS and TSS were 1.28 and 1.22, respectively. Again, because of the small N, no significant correlations were observed between either TSS or TVS and goal attainment. There was a statistically significant correlation between the number of cases of a particular problem type and TVS ($N = 7$, $r = 0.755$, $p < 0.05$).

Effectiveness in Dealing with Problem Students

The average rate of goal attainment was 0.79; 65% of cases resulted in 100% goal attainment. The success rate in District 1 just escaped being significantly below the mean ($\chi^2 = 3.53$; $0.1 < p < 0.05$).

Task completion problems were significantly less successfully dealt with than all other problems ($\chi^2 = 11.0796$; $p < 0.01$) or when compared to the other large group of problems, disruption ($\chi^2 = 6.465$; $p < 0.05$).

TABLE 1

Quality of Data

District	Total Cases	Complete Data Base	Incomplete Data Base
1	12	10	2
2	20	17	3
3	19	8	11
4	11	6	5
5	13	11	2
Total	75	52	23

Community Impact (table 4)

We have no baseline measures of the quality or frequency of communication between CMHC and the schools, but the impression of all parties involved is that communication has improved, particularly with school systems where the consultation project is ongoing.

Of 75 children seen during the year, 87% had never received mental health services previously, while 13% had previously been seen at the CMHC. Twenty, or 26%, children, as a result of consultation were referred either to the CMHC (17%) or another community agency (9%). Fifty, or 61%, received services only through school consultation.

Discussion

There are several facets of the program that make it amenable to evaluation. Many aspects of the consultation were carried out in a relatively standard manner: the consultant's approach to the school, classification of problem behaviors, collection of data, goal-setting, and interventions. As a result, one can both compare and combine the data obtained by the five consultants.

In addition, goals were precisely defined on all consultations, so that a measure of success for each consultation could be obtained. The consultees' overall satisfaction was surveyed, as well as their satisfaction with each individual case.

However, there are aspects of the project that deviate from experimental design, so that causal inferences cannot be made. The quality of the data was not sufficiently precise to be considered single case design (Bijou et al., 1969; Hall, 1971). There were no reversal procedures initiated, so that it is difficult to prove the efficacy of an intervention. There was no comparison group whose teachers were *not* receiving consultation to see if children *not* exposed to consultation but with similar probelms did just as well.

No external observer was designated to validate

TABLE 2

Efficacy by District

District	No. of Students Seen	No. with 100% Goal Attainment	Mean Goal Attainment[a]	Teacher Satisfaction Scale[b]	Process Measures[c] E	M	T
1	12	5	0.62	1.00	3.92	4.13	4.33
2	20	11	0.76	1.06	4.74	4.00	3.87
3	19	14	0.91	1.90	3.55	3.14	3.43
4	11	8	0.83	1.60	3.88	...	4.87
5	13	9	0.82	1.13	3.89	3.75	4.47
Total	75	49	0.79	1.22	4.02	3.78	4.19

[a] 1.00 represents complete goal attainment.
[b] 1.00 represents maximum satisfaction on a 1-5 scale.
[c] 5.00 represents maximum completeness on a 1-5 scale. E, entry; M, modeling; T, termination.

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TABLE 5
Efficacy by Problem

Problem	Total No. of Cases	No. of Cases with 100% Goal Attainment	Mean Goal Attainment[a]	Teacher Validation Scale[b]
Aggression	10	7	0.73	1.89
Disruption	20	15	0.83	1.19
Noncompliance	7	6	0.86	1.60
Task completion	20	7	0.63	1.10
Social withdrawal	8	5	0.82	1.18
Chronic absence	4	3	0.92	2.00
Other	6	6	1.00	1.50
Total	75	49	0.79	1.28

[a] 1.00 corresponds to complete goal attainment.
[b] Scale 1.0–1.00 represents maximum satisfaction.

observations. Teacher and consultant were to fill this role. The reliability of the consultant's observations was never assessed. Moreover, neither teacher nor consultant was blind to the goal or to the intervention period, raising the question of whether this would influence their observations.

The case finding ability of the teachers was never assessed so that there could be no judgment as to what proportion of children in need of services was actually referred. This last flaw makes it difficult to get a true assessment of the number of children in need of services and as a derivative of that, the proportion actually being served.

Nevertheless, within the limits of the program evaluation, can it be said that the project met its goals? The average goal attainment of 0.79, 65% of which represent complete goal attainment, points to success that the teachers and consultants had in changing children's behavior. The teachers seemed to agree: the mean TSS score was 1.22 and the TVS was 1.28, indicating a high degree of satisfaction with the consultants' work. The consultants appeared to have learned the process aspects of consultation well, based on a mean process self rating score of 3.98.

It was more difficult to judge community impact for reasons mentioned above. However, the majority (87%) of the children seen during the first year of the project had never been identified as needing services prior to consultation. Furthermore, 61% were seen *only* at the school, suggesting that a sizeable number of children could benefit from mental health services who had never come to the CMHC. Another way to gauge community impact is to consider that approximately 400 children are referred to the CMHC each year. Therefore this project increased the number of children who received services by 25%, a sizeable

TABLE 6
Community Impact

	Total Cases	Only Seen in Consultation	Already Seen at CMHC	Referred to CMHC	Referred Elsewhere
Number	75	46	9	13	7
Percent of total	100	61	12	18	9

expansion in one year's time. It can be concluded that the program was quite successful in meeting its goals.

Modifications Recommended for the Program

Although the project appears to have been quite successful, no program design is perfect. Based on the data obtained and examination of some of the design characteristics, several program modifications are recommended.

The quality of data collection should be improved. Steps were taken to improve data collection during the first year and this should be closely monitored. It would also be helpful to have an external observer confirm behavioral observations of the consultants, at least on an intermittent basis.

Although the overall rate of goal attainment was high, the consultants experienced significantly less success with problems of task completion. This may be because task completion problems are less familiar to mental health workers than problems of agression or disruption. We plan to review those cases and see if the intervention should be modified.

The consultant in District 1 obtained a lower mean goal attainment than the other four, in spite of high teacher satisfaction and process measures. The referral sources at District 1 admitted to referring only their toughest, most chronic problems for consultation. This highlighted the need to re-negotiate the consultative contract in that location. In addition, a large number (6/12) of that consultant's cases were of the task completion variety. Due to the small frequencies of various problems, an analysis of variance could not be performed to see if this contributed to his relatively low goal attainment, or whether the low goal attainment at this site made task completion problems appear significantly less amenable to intervention.

We cannot measure community impact until some additional information is obtained about the prevalence of disturbed children in the classroom. We plan two strategies for this: (1) to have the teacher fill out a screening questionnaire such as the Rutter B-2 (Rutter, 1967) on each child in the classroom, and (2) to have the consultants observe the classroom and see which children *they* feel are in need of consultation. These two measures will go a long way towards iden-

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tifying more children in need of some additional mental health or supportive services.

Although we were able to demonstrate short-term improvement in target behaviors for a majority of children, the question of long-term impact of the project remains unaddressed. Therefore, we plan to re-assess all children served in the first year of the project to see to what extent their behavioral gains have been sustained.

We plan to utilize a comparison group of children whose teachers are *not* receiving consultation in order to demonstrate that consultation is causative in producing behavioral change. A comparison group would also be helpful in determining whether schools receiving consultation differ in their rate of case-finding and referrals to the CMHC as compared to schools not receiving consultation.

Because there were only five consultants, we were unable to demonstrate significant correlations between process measures and either goal attainment or teacher satisfaction. If the project is expanded, it would be of interest to repeat these correlations with a larger N. The correlation between the number of cases of a given problem type and the degree of satisfaction may be an artifact, as it was not one of our original hypotheses. However, it may be possible that the teachers experienced satisfaction not due to goal attainment, but because of the emotional support that accompanied consultation. We will attempt to confirm this in the next year of the project.

Conclusion and Summary

A school-based mental health consultation project is described to illustrate principles and pitfalls of rational program evaluation. The program was judged to be moderately successful, within limits described in the discussion. The data was used to propose modifications in the design of this program.

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Prepared Statement of Dr. Francis W. Matika, Executive Director, Beaver Valley Intermediate Unit, Monaca, PA

Mr. Chairman, committee members, panel Members, and Interested parties, Let me first introduce myself. I am Dr. Francis W. Matika, Executive Director of the Beaver Valley Intermediate Unit. The Beaver Valley Intermediate Unit serves the students of fifteen (15) school districts and non-public schools totaling 36,000 students in Beaver County, Pennsylvania. Educational services provided include those that a single district, alone, could not conduct as economically or effectively. We, therefore, are an educational service agency that is most involved and interested in fostering and developing interagency cooperation. Even more to the point of this hearing, the BVIU operates special education programs in the school districts. Many of these programs are carried out on a cooperative basis between the BVIU and its member school districts.

The Beaver Valley Intermediate Unit provides special education programs and services for the handicapped students of Beaver County. The Special Pupil Services Programs services approximately 3,200 handicapped students. Whenever appropriate, special education is provided for students within the regular classroom environment. The intermediate Unit operates the New Horizon School to meet the needs of handicapped students who require such a facility.

The majority of special education programs are located in the regular education buildings of the local school districts. This allows for students to attend school in their home school district and reduces the need for transporting students long distances. The New Horizon School provides an educational setting for approximately 2[illegible] handicapped students from the fifteen (15) local school districts. A full continuum of specialized services is available to students at the New Horizon School.

In addition to operating special education classroom, the Special Pupil Service Program provide many other services. These services include speech therapy, hearing, and visual services, audiological testing, instruction in the home, and transportation of handicapped children. The Intermediate Unit also maintains a resource material library for gifted education.

Through various federally funded projects, the Intermediate Unit develops Individual Education Programs (IEP) for handicapped students and provides vocational training. The Beaver Valley Intermediate Unit meets the educational needs of handicapped students in Beaver County by providing comprehensive programs and services.

The special education of handicapped children often requires the provision of specialized and related services in order for a student to receive an appropriate education. This can oftend times present problems for individual school districts or Intermediate Units in that mandated related services may not be offered by the school in its provision of traditional school offerings. Interagency agreements with community mental health providers could be a source of referral for a number of problems often encountered when dealing with handicapped children. Services of a psychiatrist, counseling, outside evaluations, etc., are just a few of the services that may be required to supplement the educational program. It is not unusual for a handicapped student to require mental health treatment services in order to benefit from an educational program.

We must recognize that the educational agencies through State and Federal mandate have been placed under the burden of providing a multitude of related services to handicapped children. The times call for a truly multi-disciplinary team approach for the provision of an appropriate special education program for all of our handicapped students, public and non-public. A logical, efficient, and more economical way to provide this variety of services lies in the cooperative development of interagency agreements for the provision of services to our handicapped students.

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COMMENTS ON PUBLIC LAW 94-142 BY HON. AUSTIN J. MURPHY, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF PENNSYLVANIA AND CHAIRMAN, SUBCOMMITTEE ON SELECT EDUCATION

The following cases were chosen to highlight some of the problems children and parents face when attempting to have their sons/daughters attend school.

Tom is a physically handicapped child, who was born with Spina Bifida. He walks with crutches and must be catheterized daily in school. The first four years of his schooling were spent in a segregated school for handicapped-only students. Tom was recently moved into a regular school building. Upon moving, his physical therapy was stopped. Special education was stopped. Catheterization is now supervised by a cafeteria aide. Why is this occurring?

The District has chosen to discontinue services because on the basis of one test, the child is functioning slightly below current grade level. The District is not applying the definition of "physically handicapped" as it appears in the Federal regulation which states the condition must "adversely affect the child's educational performance." The same problem of evaluation, interpretation and placement, using the Federal regulation, was identified in the GAO reports of February 5, 1983, and September 30, 1981. To date, no clear guidelines exist.

Al is 19 years old. During the final week of his senior year, he was suspended for three days. He missed finals on these days and was not allowed to make up the work. He tried to go to summer school; however, his family could not pay for the tutor. Subsequently, he was not able to graduate.

This boy could have continued until age 21; however, the stigma for an older person in school is great. The boy never received any proactive programming to deal with his behavior. The school attempted to make placement in a vocational school contingent on attendance and behavior. The District did not utilize the multidisciplinary process for evaluation, placement or programming. The Federal regulations are silent on suspension and expulsion. Currently in Pennsylvania, there are two, possibly three, different rules governing suspension/expulsion of children. The Federal Act gives no direction to this areas of procedural due process.

Alice is a 16-year-old, educable mentally retarded (EMR) junior high school student. Her disability is manifested by poor impulse control, body rocking and talking out at inappropriate times. Alice is a typical EMR. She also has a rare medical condition. The District recommended that the child go into a private program for evaluation and program recommendation. The parents followed the recommendation. After 90 days, the facility ruled out the affects of the medical condition. The private facility also developed and demonstrated effective methods to deal with key behaviors. The cost to the parents for the 90-day stay was $52,000. To date, the girl has returned to her home district. Her behavior has become worse each month. The district agrees that the programs should be done, but they are unable to implement the programs. The parents' insurance company has informed them of a change in policy term to a lower type of coverage. The District may hire a classroom aide for the Fall of 1984. Till then, all are asked to wait patiently.

Clarise is a severely mentally retarded 7-year-old. She was enrolled in a pre-school at age 3 and remained there until age 5½. In the pre-school, she was learning how to walk. When she enrolled in school, she stopped making progress on her walking program. No one has offered the parents any type of alternative program as the child has not made progress for almost two full years.

The child can walk but does not? Once again, the multidisciplinary team concept is illusionary.

Ben is 10 years old and has been diagnosed as mentally retarded with autistic-like behavior. For 22 months, he lived in a private, in-patient psychiatric facility. He returned to his home school district and, after being there two years, his behavior once again began to escalate. He returned to the private facility for 90 days at a cost of over $30,000. Upon return, the behavior once again escalated over the period of a few weeks. The parent is receiving in-home parent behavior modification services. The District and Intermediate Unit will not allow the child's therapist to visit the class to see the child in his other setting.

Where is the agency coordination? Ben's program has been weak for several years. His mom is at wit's end. When an outside agency approached the district, it was flatly turned away.

The cases discussed are real parent-child problems. The ARC Westmoreland handles in excess of 150 individual parent advocacy cases per year. The Federal initiatives are often not realized for those children it was designed to serve. Strong, orga-

nized, effective monitoring and enforcement is needed to eliminate the waste of human potential

PREPARED STATEMENT OF ASSOCIATION FOR RETARDED CITIZENS, WESTMORELAND COUNTY CHAPTER

The WCARC welcomes the opportunity to express its concern on the utility of interagency agreements to deliver a free, appropriate public education.

As you are aware, the Association for Retarded Citizens developed one of the first major inter-agency agreements in 1972 with the landmark PARC Consent Decree, which requires all parties to implement effective educational programming.

The parties to the Consent Decree are the Department of Education, Department of Welfare, Department of Labor and Industry, Bureau of Vocational Education, Bureau of Vocational Rehabilitation, the Governor's Office, and the Attorney General's Office. Sadly, this group is limited by the commitment from each of the various department heads who shy away from mandated responsibilities, each with fears of being left alone to solve a major service problem.

Too often agencies ignore or forget that they are charged with serving all persons eligible. The traditional program sign-off that accompanies receipt of Federal dollars loses meaning in the everyday, bureaucratic operation.

I shall attempt to describe gaps in the inter-agency agreement practices in Pennsylvania.

Several members of this group - the Bureau of Vocational Education, Department of Labor and Industry, and the Department of Public Welfare—all provide various job training or vocational skills programs. Each is responsible for vocational training, yet there is no coordinated inter-agency plan to serve the school-age children in need of vocational training (Bureau of Vocational Education), job training (Department of Labor, Department of Public Welfare), and job procurement (Department of Labor, and Industry). What exists is a piecemeal, fragmented service system that literally takes an entire lifetime to navigate through the various bureaucracies. By the time a mentally retarded person has gone through all of the various programs, they are ready for retirement. They are then confronted with a new bureau—the Department of Aging who's typical response is: "Go to the Department of Welfare."

The inter agency agreement exists, yet no one has, or will take, charge to make it work. The result is children grow older not learning meaningful vocational skills costing the tax payer millions when research and demonstration has shown that a variety of mentally retarded persons can become vocationally proficient.

Brodsky (1983) has completed a follow-up of all moderately and severely handicapped graduates of Oregon Public Schools from 1976 to 1981 and found that 23% of the graduates were waiting for services up to five years later, 65% of those in need of residential placement had not entered into such a program, and 80% of all graduates earn less than $500 annually (less than $42 per month).

These findings are similar to those of Bellamy, Rhodes, Bourbeau and Menk, 1982; Stanfields, 1976; Delp and Lorenz, 1953, Saenger, 1972; Tisdel, 1958; and Blessing and Sameban, 1972. Stanfields concluded "graduation marked the beginning of a life of relative isolation from peers and segregation from the community" (p. 551).

The lack of agency agreements, follow-through and monitoring has resulted in another generation of mentally persons remaining alienated from a productive, fulfilling life-style. Strong monitoring is needed to reduce this bureaucratic inefficiency that is obvious, yet ignored.

The Department of Education in Pennsylvania was recently ordered to provide educational services for more than the traditional 180-day school year. The order required the Department to make standard eligibility determination. To date, more than 3 years after the decision, the Department has not yet set forth any guidelines. This lack of Department responsibility has given rise to a joint problem in the Department of Welfare. Monies traditionally used by DPW for summer programs have yet to be coordinated by the bureaus for effective and efficient use of limited revenues. The bureaus operate programs at the same time, competing for children. It appears to be a classic case of the right hand not knowing or caring about the actions of the left.

In the report, "Financing a Free and Appropriate Education for Special Needs Children", the committee identified Title XX, Title XVI Social Security funds for health services. WCARC operates a Supplemental Security Income/Disabled Children's Project and has encountered numerous problems with local and state educational officials. The educational agency will not allow the teacher to attend the SSI/

IEP conferences, and screening and evaluation are not to be done in schools. The State Department of Health and the Department of Education have not met to determine areas of mutual concern where programming can be coordinated for maximal child benefit. The fallout from this type of management style is that children go unserved or they are served only sporadically. The final outcome is that the children receive little or no tangible benefit.

The Federal Government appropriates monies to states, and should monitor and enforce the coordination of the dollars. The mechanism for enforcement is in place, yet seldom called into action. All programs receiving Federal dollars are required to submit some type of Federal plan. During the plan review and approval stages, the lack of documentation of agency agreement can be noted, requiring agencies to coordinate program services or not receive Federal dollars.

The effective and efficient use of Federal dollars was recognized in *Kruelle* v. *Biggs* (3rd Circuit Court).

"The Federal sources which exist and which can assist in this process include approximately $85 million expressly set aside under Title I of the Elementary and Secondary Education Act in addition to the funds available under part A of the Act for handicapped children, $51 million under the set-aside in the Vocational Education Act, $25.7 million under Title III of the Elementary and Secondary Education Act, and additional funding available under the Rehabilitation Act, the Head Start Program, social services, and the Developmental Disabilities Act."—S. Rep. No. 168, 94th Cong., 1st Sess., reprinted in (1975) U.S. Code Cong. & Ad. News, 1425, 1447.

The next step would be on-site reviews of identified programs that serve mutual clients with mixed dollars.

The ingredient that is lacking for successful management is a data-based review mechanism. A variety of the programs calls for plan submission, approval, implementation and review, yet not all phases of the process are afforded equal merit. The practice of writing plans and forgetting what is written defies good management along with common sense. Coordinated agency plans are a vital step in realizing the potential of mentally retarded persons.

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